

# MY 2020 CAHPS<sup>®</sup> Medicaid Child 5.1 Final Report

Oklahoma Health Care Authority

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## Oklahoma Health Care Authority

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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Oklahoma Health Care Authority to conduct its MY 2020 CAHPS® 5.1 Medicaid Child Survey. NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

**SURVEY OBJECTIVE** The overall objective of the CAHPS® study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which can aid plans in increasing the quality of provided care.

**2021 NCQA CHANGES** NCQA is using AHRQ's new 5.1 version of the CAHPS survey for 2021. These modified HEDIS CAHPS surveys include minor changes to some of the instructions and survey items to indicate the different ways in which patients may be receiving care: in person or via **telehealth**.

There are no new questions on the 5.1 version, but existing questions have been modified so that respondents know they should include telehealth visits as an appointment type as they respond to the survey. For instance, the introductory language to a section now reads:

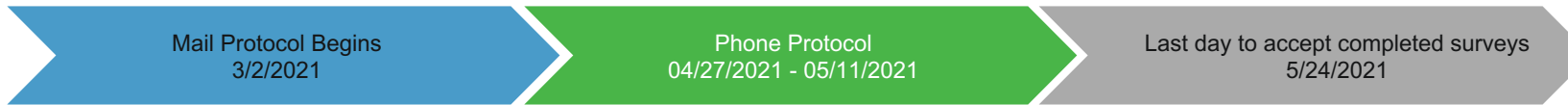
➤ *"These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got **in person, by phone, or by video**. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits."*

This new wording about care "in person, by phone or by video" has been added to appropriate questions and introductions throughout the survey.

Your Strategic Account Executive for this project is Roseann Carothers (817-665-7031) and your Project Manager is Heather Nast (248-539-5260). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.



SPH administered the MY 2020 Medicaid Child 5.1 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail, phone, and internet methodology. Members eligible for the survey were **parents of those 17 years and younger (as of December 31 of the measurement year) who were continuously enrolled in the plan for at least five of the last six months of the measurement year**. A synopsis of the data collection methodology is outlined below:



## VALID SURVEYS

✉ Total Number of Mail Completes =	223 (0 in Spanish)
☎ Total Number of Phone Completes =	139 (16 in Spanish)
💻 Total Number of Internet Completes =	69 (0 in Spanish)

**Number of undeliverables: 114**

## 2021 RESPONSE RATE

$$\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}$$

$$\frac{223 \text{ (Mail)} + 139 \text{ (Phone)} + 69 \text{ (Internet)} = 431}{2475 \text{ (Sample)} - 32 \text{ (Ineligible)} = 2443} = 17.6\%$$

## RESPONSE RATE COMPARISON

The 2021 SPH Analytics Book of Business average response rate is **12.8%**.

		2019	2020	2021
Complete	Completed Survey	428	306	431
	<b>SUBTOTAL</b>	<b>428</b>	<b>306</b>	<b>431</b>
Ineligible	Does not Meet Eligibility Criteria (01)	24	26	17
	Language Barrier (03)	7	10	14
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	1
	<b>SUBTOTAL</b>	<b>31</b>	<b>36</b>	<b>32</b>
Non-Response	Break-off/Incomplete (02)	10	35	26
	Refusal (06)	7	95	69
	Maximum Attempts Made (07)	1661	1673	1917
	Added to DNC List (08)	8	0	0
	<b>SUBTOTAL</b>	<b>1686</b>	<b>1803</b>	<b>2012</b>
<b>TOTAL</b>		<b>2145</b>	<b>2145</b>	<b>2475</b>
<b>OVERSAMPLING %</b>		<b>30.0%</b>	<b>30.0%</b>	<b>50.0%</b>
<b>RESPONSE RATE</b>		<b>20.2%</b>	<b>14.5%</b>	<b>17.6%</b>

Note: Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish.





# Executive Summary

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- Oklahoma Health Care Authority



**Summary Rates** are defined by NCQA in its HEDIS MY 2020 CAHPS® 5.1H guidelines and generally represent the most favorable response percentages.

		No	Yes
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

**Percentile Rankings** Your plan's approximate percentile rankings in relation to the Quality Compass® All Plans benchmark were calculated by SPH Analytics using information derived from the NCQA 1-100 Benchmark.

**Significance Testing** All significance testing is performed at the 95% confidence level using a t-test.

**Small Denominator Threshold** NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

**Technical Notes** Please refer to the Technical Notes for more information.

## NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass® All Plans 2020. It is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

## COVID-19 IMPACT

Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results.

## LEGACY DSS / MORPACE / SPH

For the 2020 reporting, the Analytics team reviewed all calculations and statistics to determine the best go forward strategy for SPH Analytics. Some historical calculations were updated to align with those decisions. As such, there are instances where a trend score from 2019 might be slightly different from historical reports.



## TRENDING

Key measures that had significantly higher or lower scores compared to last year

MEASURE NAME	Trending
<b>Getting Needed Care</b> (% Always or Usually)	
Q9. Getting care, tests, or treatment	↑



## 431 / 17.6%

Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
<b>Rating of Health Plan</b> (% 9 or 10)	73.0%	★ ★ ★
<b>Rating of Health Care</b> (% 9 or 10)	74.6%	★ ★ ★ ★ ★
<b>Rating of Personal Doctor</b> (% 9 or 10)	77.9%	★ ★ ★
<b>Rating of Specialist</b> (% 9 or 10)	69.9%	NA^
<b>Getting Needed Care</b> (% Always or Usually)	90.2%	★ ★ ★ ★ ★
<b>Getting Care Quickly</b> (% Always or Usually)	91.0%	★ ★ ★
<b>Coordination of Care</b> (% Always or Usually)	82.3%	NA^

## SatisAction™ KEY DRIVER STATISTICAL MODEL Key Drivers Of The Rating Of The Health Plan

## POWER

Promote and Leverage Strengths

- Q8** Health care overall
- Q23** Got specialist appt.
- Q30** Easy to fill out forms
- Q28** CS courtesy/respect
- Q27** CS provided info./help

## OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q21** Personal doctor overall
- Q25** Specialist overall
- Q20** Dr. informed about care

^Denominator less than 100. NCQA will assign an NA to this measure.

Please refer to slide 12 for details.



**COVID-19 Impact** The pandemic caused significant disruption throughout most of 2020 and continuing into 2021. Therefore, it is best to interpret trend results with a degree of caution. Survey results from 2020 may have been impacted for some health plans because of the pandemic. SPH Analytics monitors industry trends in measure scores. On the right, we have provided a side-by-side comparison of aggregate SPH Book of Business scores to help you understand broader trends in measure scoring over the past three years. We chose to display the SPH Book of Business since we have 2021 results at the time this report was published.

**Trend Highlights** Overall, Medicaid Child scores have remained stable over the last two years. Getting routine care, however, has seen a dramatic drop in score, likely due to the COVID-19 Pandemic.

	SPH Book of Business Trends (Medicaid Child)		
	2019	2020	2021
<b>Rating Questions (% 9 or 10)</b>			
Q31. Rating of Health Plan	72.2%	73.0%	73.3%
Q8. Rating of Health Care	71.1%	73.0%	74.4%
Q21. Rating of Personal Doctor	77.6%	79.1%	78.6%
Q25. Rating of Specialist	73.2%	75.0%	75.7%
<b>Rating Questions (% 8, 9 or 10)</b>			
Q31. Rating of Health Plan	86.9%	87.5%	87.3%
Q8. Rating of Health Care	88.3%	88.7%	88.7%
Q21. Rating of Personal Doctor	90.6%	91.2%	90.8%
Q25. Rating of Specialist	87.2%	88.2%	88.2%
<b>Getting Needed Care (% Always or Usually)</b>	<b>85.2%</b>	<b>85.6%</b>	<b>86.6%</b>
Q9. Getting care, tests, or treatment	90.1%	90.8%	90.8%
Q23. Getting specialist appointment	80.3%	80.4%	82.4%
<b>Getting Care Quickly (% Always or Usually)</b>	<b>90.3%</b>	<b>90.5%</b>	<b>87.8%</b>
Q4. Getting urgent care	91.9%	91.7%	91.7%
Q6. Getting routine care	88.6%	89.3%	83.8%
<b>Coordination of Care (Q20) (% Always or Usually)</b>	<b>84.2%</b>	<b>85.0%</b>	<b>84.9%</b>



## Health Plan Domain Performance

Your plan's performance on measures that are typically considered to be in the domain of the health plan.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	70.8%	73.0%	2.2%	73.3%	42 <sup>nd</sup>	71.9%	49 <sup>th</sup>
Rating of Health Plan (% 8, 9 or 10)	86.2%	88.2%	2.0%	87.3%	52 <sup>nd</sup>	86.5%	60 <sup>th</sup>
Getting Needed Care (% Always or Usually)	87.4%	90.2%	2.8%	86.6% ▲	80 <sup>th</sup>	86.0% ▲	85 <sup>th</sup>
Customer Service (% Always or Usually)	88.1%	91.0%	2.9%	88.3%	73 <sup>rd</sup>	88.8%	73 <sup>rd</sup>
Ease of Filling Out Forms (% Always or Usually)	97.9%	97.8%	-0.1%	96.0% ▲	86 <sup>th</sup>	96.5%	77 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 73.0% and represents a change of 2.2% from 2020.

Note: Please refer to benchmark descriptions on slide 39.

### Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



## Health Care Domain Performance

Your plan's performance on measures that are typically considered to be in the provider health care domain.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	73.1%	74.6%	1.5%	74.4%	52 <sup>nd</sup>	71.9%	71 <sup>st</sup>
Rating of Health Care (% 8, 9 or 10)	86.6%	90.7%	4.1%	88.7%	73 <sup>rd</sup>	88.0%	77 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	90.3%	91.0%	0.7%	87.8%	70 <sup>th</sup>	90.5%	45 <sup>th</sup>
How Well Doctors Communicate (% Always or Usually)	96.9%	95.3%	-1.6%	94.5%	57 <sup>th</sup>	95.3%	43 <sup>rd</sup>
Coordination of Care (% Always or Usually)	80.8%	82.3%	1.5%	84.9%	27 <sup>th</sup>	86.1%	19 <sup>th</sup>
Rating of Personal Doctor (% 9 or 10)	74.5%	77.9%	3.4%	78.6%	44 <sup>th</sup>	78.6%	40 <sup>th</sup>
Rating of Personal Doctor (% 8, 9 or 10)	88.4%	92.2%	3.8%	90.8%	69 <sup>th</sup>	90.9%	70 <sup>th</sup>
Rating of Specialist (% 9 or 10)	71.4%	69.9%	-1.5%	75.7%	20 <sup>th</sup>	73.4%	14 <sup>th</sup>
Rating of Specialist (% 8, 9 or 10)	85.7%	83.1%	-2.6%	88.2%	16 <sup>th</sup>	87.0%	7 <sup>th</sup>

Note: Please refer to benchmark descriptions on slide 39.

### Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

### KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 74.6% and represents a change of 1.5% from 2020.



# Gap Analysis - 2020 Quality Compass

## GAP ANALYSIS

Two scores can be used to evaluate a plan's performance gap – Achieved Max Score or Theoretical Max Score.

**Achieved Max Score Gap** – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100<sup>th</sup> Percentile).

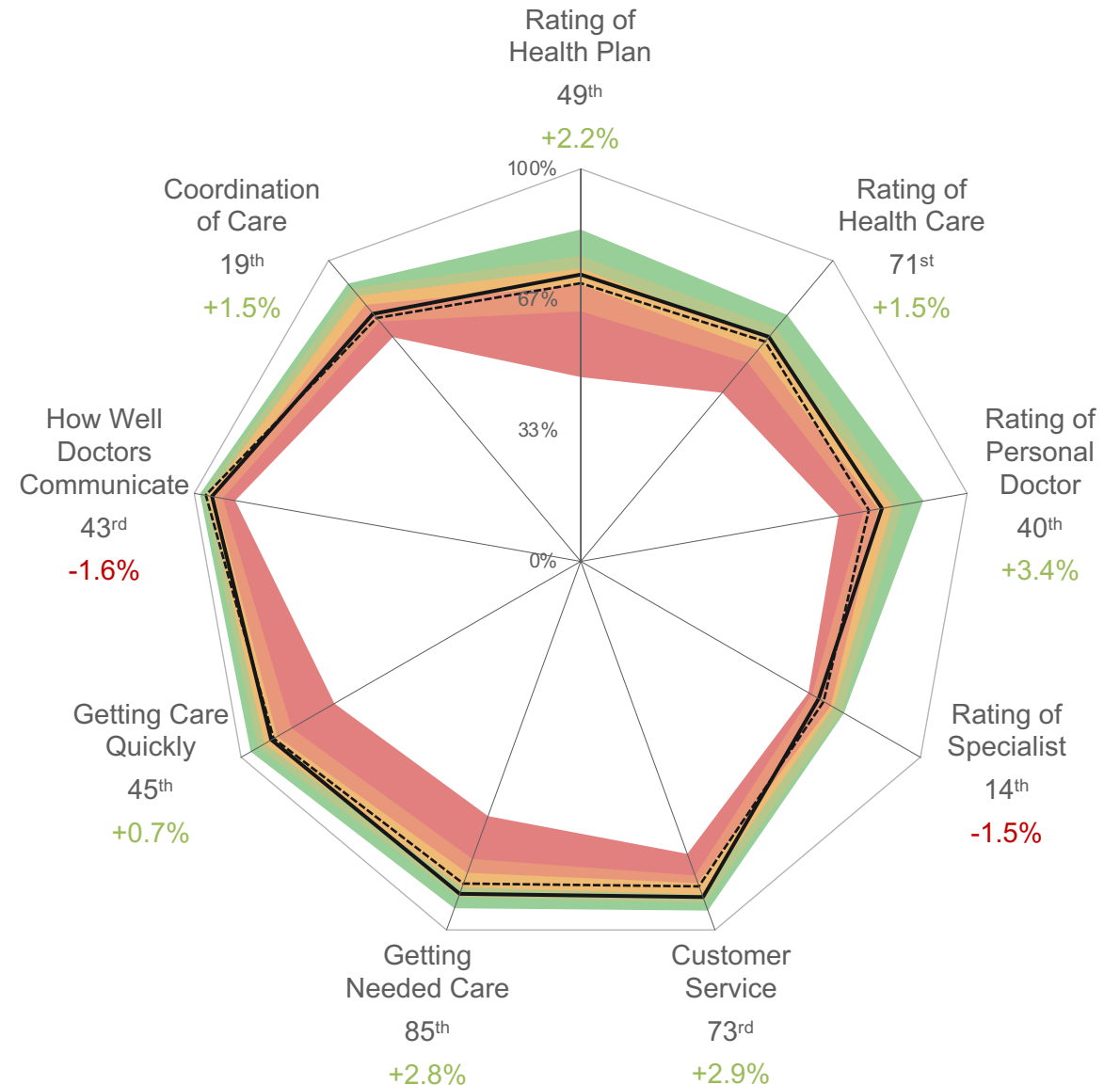
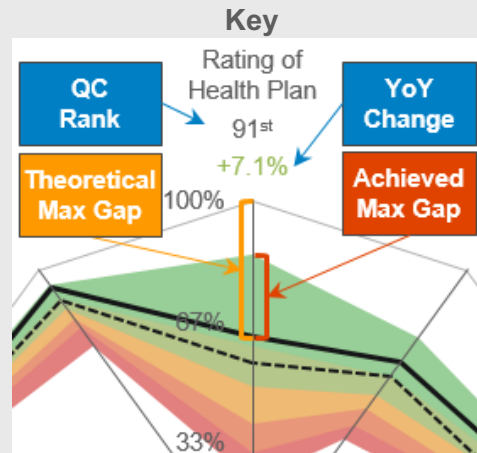
*Displayed by the outer bound of the dark green section of the graph.*

**Theoretical Max Score Gap** – The spread between your plan's score and the highest possible score a plan could achieve (100%).

*Displayed by the outer bound of the graph.*

For each measure, your plan's 2021 and 2020 scores are plotted against the 2020 Quality Compass distribution.

Your plan's 2021 percentile ranking based on the 2020 Quality Compass along with the change in score from 2020 is reported on the outer edge of the graph.



### 2020 Quality Compass Thresholds

— 2021 Score

--- 2020 Score

<10<sup>th</sup> 10-32<sup>nd</sup> 33-66<sup>th</sup> 67-89<sup>th</sup> ≥90<sup>th</sup>



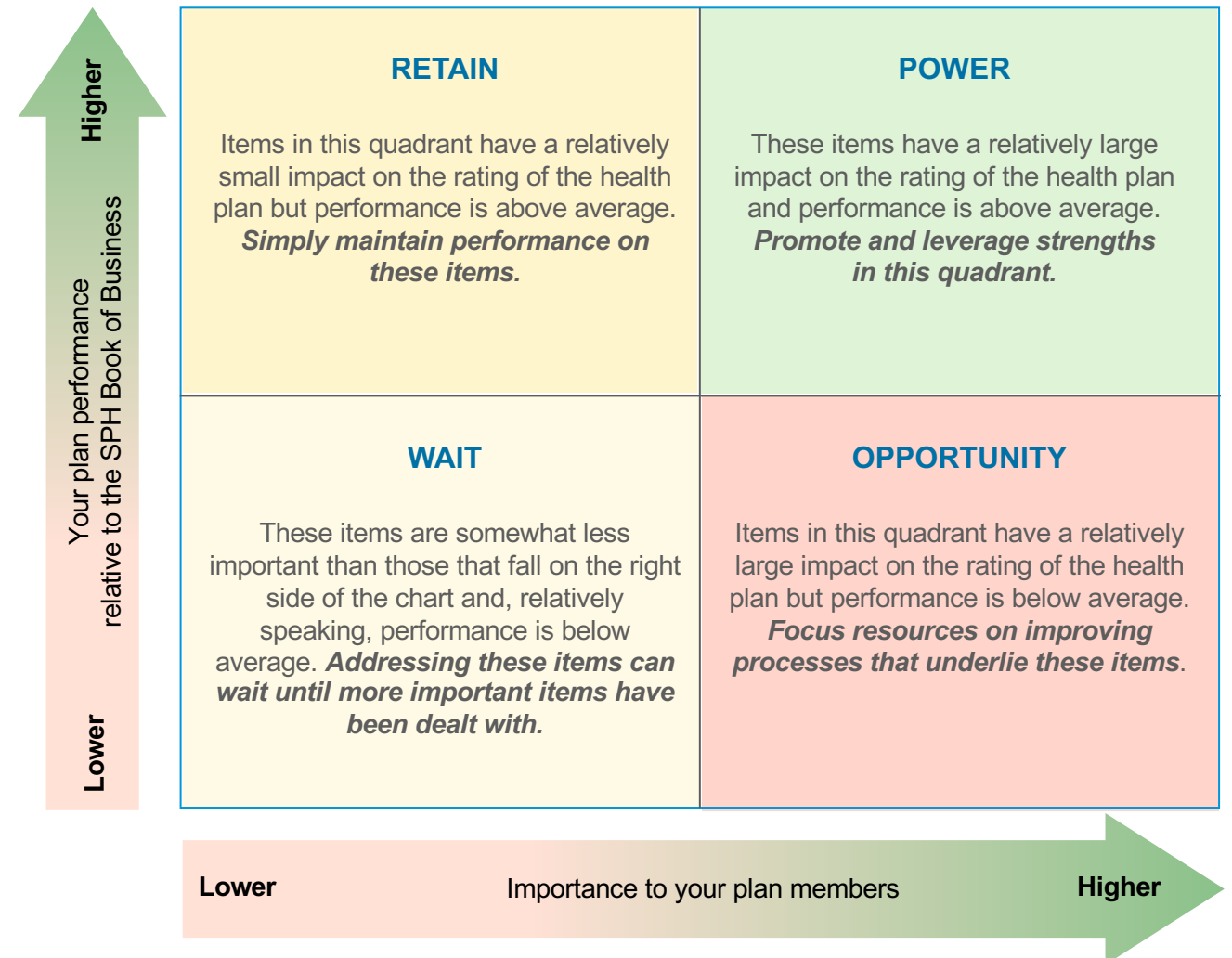
## POWeR™ CHART CLASSIFICATION MATRIX

The SatisAction™ key driver statistical model was used to identify the key drivers of the rating of the health plan and the results are presented in the POWeR™ Chart classification matrix on the following page.

**Overview** The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving of the rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.



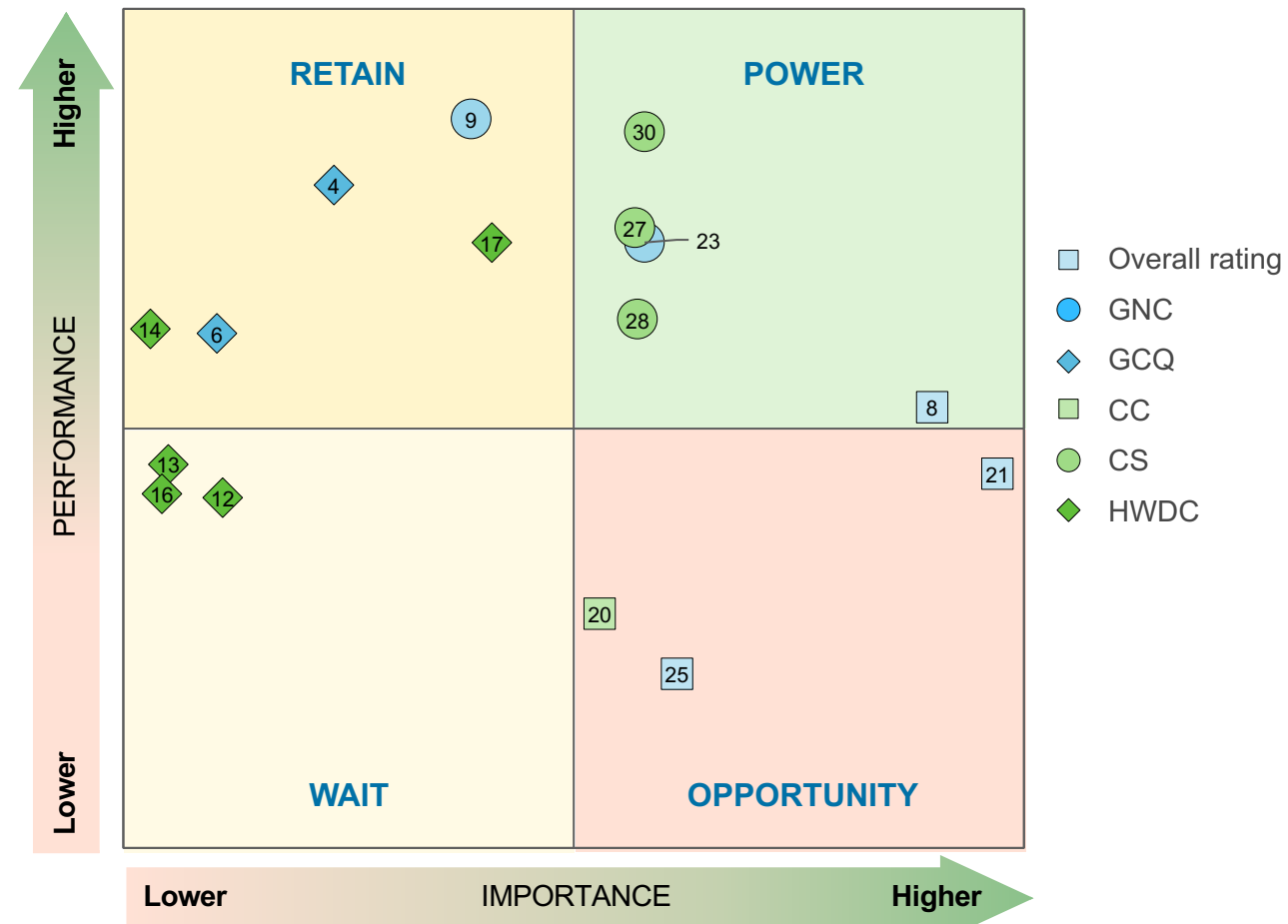


# POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>				
Q8	Health care overall	74.6%	52 <sup>nd</sup>	3
Q23	Got specialist appt.	85.7%	72 <sup>nd</sup>	4
Q30	Easy to fill out forms	97.8%	86 <sup>th</sup>	4
Q28	CS courtesy/respect	95.5%	63 <sup>rd</sup>	3
Q27	CS provided info./help	86.6%	74 <sup>th</sup>	4
<b>OPPORTUNITY</b>				
Q21	Personal doctor overall	77.9%	44 <sup>th</sup>	3
Q25	Specialist overall	69.9%	20 <sup>th</sup>	2
Q20	Dr. informed about care	82.3%	27 <sup>th</sup>	2
<b>WAIT</b>				
Q12	Dr. explained things	94.4%	41 <sup>st</sup>	3
Q13	Dr. listened carefully	95.7%	45 <sup>th</sup>	3
Q16	Dr. explained things for child	94.6%	42 <sup>nd</sup>	3
<b>RETAIN</b>				
Q17	Dr. spent enough time	93.6%	72 <sup>nd</sup>	4
Q9	Got care/tests/treatment	94.8%	87 <sup>th</sup>	4
Q4	Got urgent care	95.7%	79 <sup>th</sup>	4
Q6	Got routine care	86.3%	62 <sup>nd</sup>	3
Q14	Dr. showed respect	97.4%	61 <sup>st</sup>	3

## KEY DRIVERS, SUMMARY RATES AND PERCENTILES

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of the health plan.



\* Summary rates are top-two box scores.



# Overall Rating of Health Plan – Plan and Industry Key Drivers

**YOUR PLAN TOP 10 KEY DRIVERS** These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan. They are listed in descending order of importance for your plan.

**INDUSTRY KEY DRIVERS** SPH Book of Business regression analysis has identified **Key Drivers** of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.











## RATING OF HEALTH PLAN

**73.0%**

Your plan scored in the  
**42<sup>nd</sup>**  
**percentile**  
when compared to the  
SPH Book of Business  
benchmark

 Aligns with top 10  
industry drivers

 Differs from top 10  
industry drivers








	ALIGNMENT <i>Are your key drivers typical of the industry?</i>		ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
TOP 10 PLAN KEY DRIVERS		Q21	Personal doctor overall	<b>77.9%</b>	2	78.6%	<b>44<sup>th</sup></b>	<b>OPPORTUNITY</b>
		Q8	Health care overall	<b>74.6%</b>	1	74.4%	<b>52<sup>nd</sup></b>	<b>POWER</b>
		Q25	Specialist overall	<b>69.9%</b>	3	75.7%	<b>20<sup>th</sup></b>	<b>OPPORTUNITY</b>
		Q23	Got specialist appt.	<b>85.7%</b>	4	82.4%	<b>72<sup>nd</sup></b>	<b>POWER</b>
		Q30	Easy to fill out forms	<b>97.8%</b>	16	96.0%	<b>86<sup>th</sup></b>	<b>POWER</b>
		Q28	CS courtesy/respect	<b>95.5%</b>	5	94.0%	<b>63<sup>rd</sup></b>	<b>POWER</b>
		Q27	CS provided info./help	<b>86.6%</b>	7	82.5%	<b>74<sup>th</sup></b>	<b>POWER</b>
		Q20	Dr. informed about care	<b>82.3%</b>	13	84.9%	<b>27<sup>th</sup></b>	<b>OPPORTUNITY</b>
ADD'L TOP 10 INDUSTRY DRIVERS		Q17	Dr. spent enough time	<b>93.6%</b>	15	90.4%	<b>72<sup>nd</sup></b>	<b>RETAIN</b>
		Q9	Got care/tests/treatment	<b>94.8%</b>	6	90.8%	<b>87<sup>th</sup></b>	<b>RETAIN</b>
		Q6	Got routine care	<b>86.3%</b>	9	83.8%	<b>62<sup>nd</sup></b>	<b>RETAIN</b>
		Q13	Dr. listened carefully	<b>95.7%</b>	8	95.9%	<b>45<sup>th</sup></b>	<b>WAIT</b>
		Q14	Dr. showed respect	<b>97.4%</b>	10	96.9%	<b>61<sup>st</sup></b>	<b>RETAIN</b>

Note: All SPH BoB scores & rankings are calculated based on the 2021 SPH Book of Business. Any items below the dotted line are industry key drivers that are not identified as key drivers for your plan.



## Demographic Comparisons

Different demographic subgroups can have dissimilar experiences with your health plan.

 <p>Respondent's Gender</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>MALE</b> (n=58)</td><td>81.0%</td><td>70.7%</td></tr> <tr> <td><b>FEMALE</b> (n=351)</td><td>89.2%</td><td>72.9%</td></tr> </table>		8 - 10	9 - 10	<b>MALE</b> (n=58)	81.0%	70.7%	<b>FEMALE</b> (n=351)	89.2%	72.9%	 <p>Respondent's Age</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>&lt;25</b> (n=41)</td><td>75.6%</td><td>61.0%</td></tr> <tr> <td><b>25 - 34</b> (n=89)</td><td>91.0%</td><td>78.7%</td></tr> <tr> <td><b>35 - 44</b> (n=173)</td><td>91.3%</td><td>75.1%</td></tr> <tr> <td><b>45 or older</b> (n=107)</td><td>85.0%</td><td>68.2%</td></tr> </table>		8 - 10	9 - 10	<b>&lt;25</b> (n=41)	75.6%	61.0%	<b>25 - 34</b> (n=89)	91.0%	78.7%	<b>35 - 44</b> (n=173)	91.3%	75.1%	<b>45 or older</b> (n=107)	85.0%	68.2%	 <p>Child's Ethnicity &amp; Race</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>WHITE</b> (n=264)</td><td>91.7%</td><td>74.6%</td></tr> <tr> <td><b>BLACK/AFRICAN AMERICAN</b> (n=33)</td><td>78.8%</td><td>60.6%</td></tr> <tr> <td><b>ASIAN</b> (n=21)</td><td>71.4%</td><td>47.6%</td></tr> <tr> <td><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b> (n=6)<sup>^</sup></td><td>83.3%</td><td>83.3%</td></tr> <tr> <td><b>AMERICAN INDIAN OR ALASKA NATIVE</b> (n=103)</td><td>85.4%</td><td>68.0%</td></tr> <tr> <td><b>OTHER</b> (n=54)</td><td>88.9%</td><td>77.8%</td></tr> <tr> <td><b>HISPANIC/LATINO</b> (n=131)</td><td>94.7%</td><td>84.0%</td></tr> <tr> <td><b>NOT HISPANIC/ LATINO</b> (n=277)</td><td>85.9%</td><td>68.6%</td></tr> </table>		8 - 10	9 - 10	<b>WHITE</b> (n=264)	91.7%	74.6%	<b>BLACK/AFRICAN AMERICAN</b> (n=33)	78.8%	60.6%	<b>ASIAN</b> (n=21)	71.4%	47.6%	<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b> (n=6) <sup>^</sup>	83.3%	83.3%	<b>AMERICAN INDIAN OR ALASKA NATIVE</b> (n=103)	85.4%	68.0%	<b>OTHER</b> (n=54)	88.9%	77.8%	<b>HISPANIC/LATINO</b> (n=131)	94.7%	84.0%	<b>NOT HISPANIC/ LATINO</b> (n=277)	85.9%	68.6%
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<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b> (n=6) <sup>^</sup>	83.3%	83.3%																																																			
<b>AMERICAN INDIAN OR ALASKA NATIVE</b> (n=103)	85.4%	68.0%																																																			
<b>OTHER</b> (n=54)	88.9%	77.8%																																																			
<b>HISPANIC/LATINO</b> (n=131)	94.7%	84.0%																																																			
<b>NOT HISPANIC/ LATINO</b> (n=277)	85.9%	68.6%																																																			
 <p>Child's Health Status</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>EXC./VERY GOOD</b> (n=310)</td><td>92.9%</td><td>76.8%</td></tr> <tr> <td><b>GOOD</b> (n=84)</td><td>75.0%</td><td>61.9%</td></tr> <tr> <td><b>FAIR/POOR</b> (n=18)<sup>^</sup></td><td>66.7%</td><td>61.1%</td></tr> </table>		8 - 10	9 - 10	<b>EXC./VERY GOOD</b> (n=310)	92.9%	76.8%	<b>GOOD</b> (n=84)	75.0%	61.9%	<b>FAIR/POOR</b> (n=18) <sup>^</sup>	66.7%	61.1%	 <p>Child's Mental/Emotional Health Status</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>EXC./VERY GOOD</b> (n=278)</td><td>92.8%</td><td>77.0%</td></tr> <tr> <td><b>GOOD</b> (n=90)</td><td>80.0%</td><td>67.8%</td></tr> <tr> <td><b>FAIR/POOR</b> (n=44)</td><td>75.0%</td><td>59.1%</td></tr> </table>		8 - 10	9 - 10	<b>EXC./VERY GOOD</b> (n=278)	92.8%	77.0%	<b>GOOD</b> (n=90)	80.0%	67.8%	<b>FAIR/POOR</b> (n=44)	75.0%	59.1%																												
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 <p>Respondent's Education</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>HS GRAD OR LESS</b> (n=211)</td><td>87.7%</td><td>73.5%</td></tr> <tr> <td><b>SOME COLLEGE OR MORE</b> (n=192)</td><td>88.5%</td><td>71.4%</td></tr> </table>		8 - 10	9 - 10	<b>HS GRAD OR LESS</b> (n=211)	87.7%	73.5%	<b>SOME COLLEGE OR MORE</b> (n=192)	88.5%	71.4%	 <p>Data Collection</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td><b>MAIL</b> (n=216)</td><td>86.6%</td><td>74.1%</td></tr> <tr> <td><b>PHONE</b> (n=135)</td><td>93.3%</td><td>78.5%</td></tr> <tr> <td><b>INTERNET</b> (n=64)</td><td>82.8%</td><td>57.8%</td></tr> </table>		8 - 10	9 - 10	<b>MAIL</b> (n=216)	86.6%	74.1%	<b>PHONE</b> (n=135)	93.3%	78.5%	<b>INTERNET</b> (n=64)	82.8%	57.8%																															
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<sup>^</sup> Indicates a base size smaller than 20. Interpret results with caution.





# Estimated NCQA Health Insurance Plan Ratings

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING
CONSUMER SATISFACTION				3.5
GETTING CARE				3.5
Getting Needed Care	90.2%	Usually or Always	85 <sup>th</sup>	4.0
Getting Care Quickly	91.0%	Usually or Always	45 <sup>th</sup>	3.0
SATISFACTION WITH PLAN PHYSICIANS				3.5
Rating of Personal Doctor	77.9%	9 or 10	40 <sup>th</sup>	3.0
Rating of Specialist	69.9%	9 or 10	14 <sup>th</sup>	NA
Rating of Health Care	74.6%	9 or 10	71 <sup>st</sup>	4.0
Coordination of Care	82.3%	Usually or Always	19 <sup>th</sup>	NA
SATISFACTION WITH PLAN SERVICES				3.0
Rating of Health Plan	73.0%	9 or 10	49 <sup>th</sup>	3.0

## EXPLANATION

NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score.

The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.

The CAHPS measures are classified based on their national percentile (10<sup>th</sup>, 33<sup>rd</sup>, 66<sup>th</sup> and 90<sup>th</sup>) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2020 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 <sup>th</sup> Percentile	10 <sup>th</sup> – 32 <sup>rd</sup> Percentile	33 <sup>rd</sup> – 66 <sup>th</sup> Percentile	67 <sup>th</sup> – 90 <sup>th</sup> Percentile	>90 <sup>th</sup> Percentile

### Notes:

- NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.
- Medicaid plans have the option to be scored on either Adult CAHPS or Child CAHPS data.

In response to the **COVID-19** pandemic, NCQA did not publish Health Plan Ratings in 2020.



## OVERSAMPLING SCENARIO EXPLANATION

SPH displays projected results with current oversampling, no oversampling, and the scenario that achieves all reportable measures. The scenarios take into account changes in denominators and reportable measures that might impact ratings.

**This plan currently oversamples at the rate of 50%. SPH does not recommend additional oversampling.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 81% and above yields all reportable measures and a decrease on 2 measures. **This is an estimate only and cannot be used to predict NCQA star ratings.**

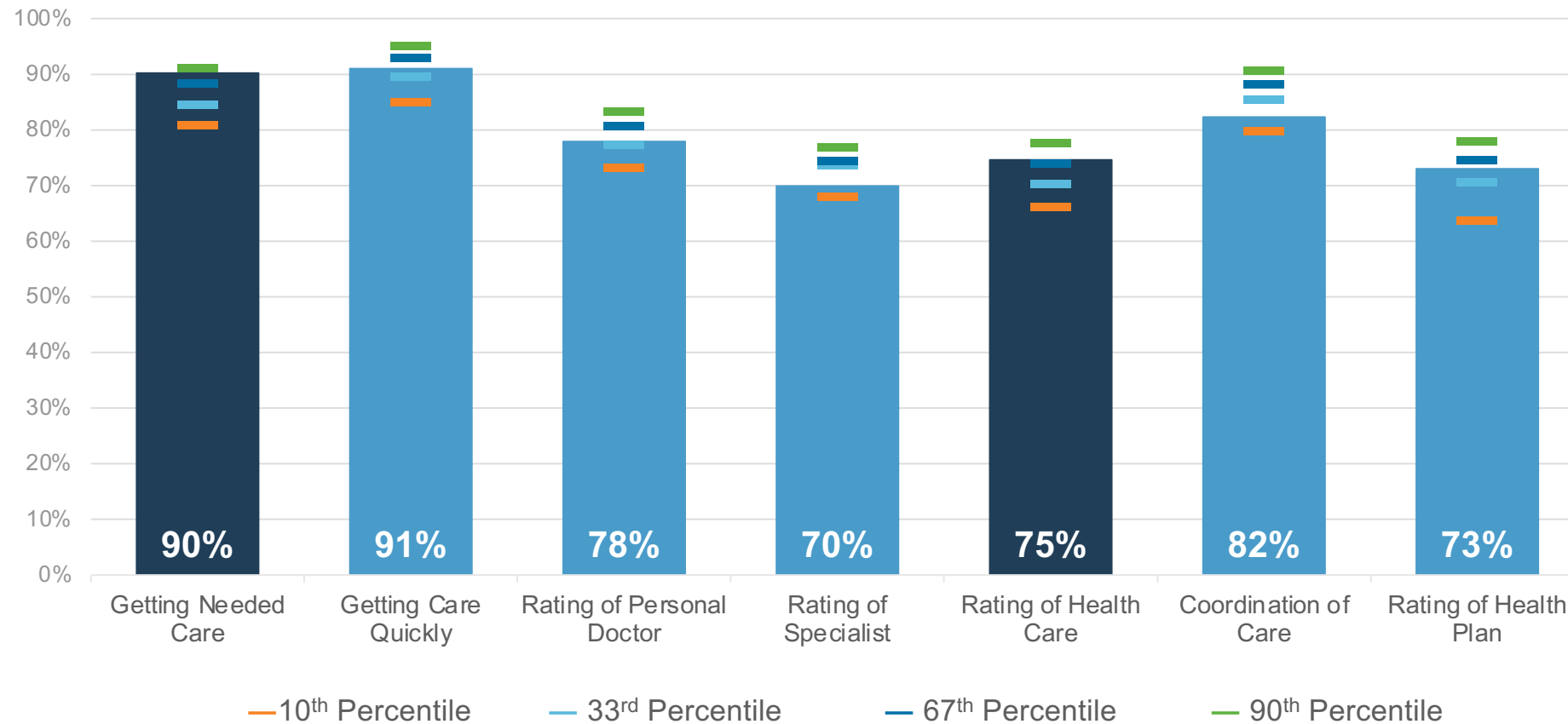
MEASURE NAME	ESTIMATED RATING (Current: 50%)	OVERSAMPLING SCENARIOS	
		0%	≥ 81%
<b>CONSUMER SATISFACTION</b>	<b>3.5</b>	<b>3.5</b>	<b>3.0</b>
GETTING CARE	3.5	3.5	3.5
Getting Needed Care	4.0	4.0	4.0
Getting Care Quickly	3.0	3.0	3.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>	<b>3.5</b>	<b>3.5</b>	<b>3.0</b>
Rating of Personal Doctor	3.0	3.0	3.0
Rating of Specialist	NA	NA	2.0
Rating of Health Care	4.0	4.0	4.0
Coordination of Care	NA	NA	2.0
<b>SATISFACTION WITH PLAN SERVICES</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>
Rating of Health Plan	3.0	3.0	3.0

Higher Rating
  Lower Rating
  Reportable



### COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's **scores** used for accreditation ratings compare to the most recent Quality Compass thresholds published by NCQA (Fall 2020).



**Dark Blue** bar = Your plan's performance is at or above the 67<sup>th</sup> percentile

**Light Blue** bar = Your plan's performance is below the 67<sup>th</sup> percentile

\* Scores are % 9 or 10, and % Always or Usually.





# Measure Summary

## Top Three Measures

Your plan had the highest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Getting Needed Care (% Always or Usually)	170	87.4%	90.2%	2.8%	86.0% ▲	85 <sup>th</sup>	4.2%
Customer Service (% Always or Usually)	67 <sup>^</sup>	88.1%	91.0%	2.9%	88.8%	73 <sup>rd</sup>	2.2%
Rating of Health Care (% 9 or 10)	248	73.1%	74.6%	1.5%	71.9%	71 <sup>st</sup>	2.7%

## Bottom Three Measures

Your plan had the lowest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Personal Doctor (% 9 or 10)	358	74.5%	77.9%	3.4%	78.6%	40 <sup>th</sup>	-0.7%
Coordination of Care (% Always or Usually)	96 <sup>^</sup>	80.8%	82.3%	1.5%	86.1%	19 <sup>th</sup>	-3.8%
Rating of Specialist (% 9 or 10)	83 <sup>^</sup>	71.4%	69.9%	-1.5%	73.4%	14 <sup>th</sup>	-3.5%

### Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



## Improving Performance

*These measures had the lowest NCQA Quality Compass® All Plans percentile rankings for your plan. While plans should also review which measures have lower scores than last year and which measures perform lower than benchmark, SPH offers these opportunities for improvement based on national percentile rankings.*

### Improvement Strategies – Rating of Personal Doctor

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Work collaboratively with pediatric providers, encourage and support a family friendly approach that helps parents/families navigate the health care system and overcome obstacles.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Foster relationships with patients. Partner with them. Listen to their concerns. Treat them with compassion. Spend adequate time with them and ensure questions and concerns are answered.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits. Minimize wait times.

### Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.
- Carefully assess any parent or patient concerns associated with any health care received out-of-office, addressing and clarifying as appropriate. Seek and obtain all associated records.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

### Improvement Strategies – Rating of Specialist

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of specialist or doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Listen to patients' concerns, Follow-up with the patient. Provide thorough explanations. Ensure that all questions and concerns are answered. All staff focus on being helpful and courteous to patients.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).
- Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.

See full list of strategies in the [Appendix: Improvement Strategies](#)

**Need Additional Assistance?** For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.





# Measure Analyses

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## Measure Details and Scoring

- Oklahoma Health Care Authority



# Measure Analyses: Section Information

**Drilling Down Into Ratings and Composites** This section is designed to give plans a detailed report on the performance of each global rating and composite measure.

The Composite Analysis typically consists of two pages. The first page displays composite level details and the second displays results for the attributes contained within the composite. It is critical to look at these attribute questions to determine if there is a particular aspect of care that is driving your composite score.



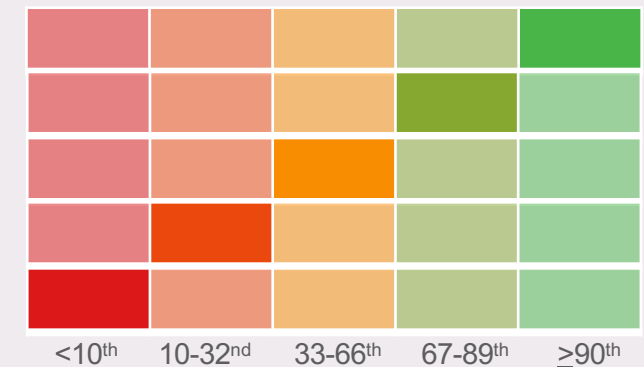
Analyses presented in this section include:

- Plan Summary Rate Scores with comparisons to trending (if available)
- Comparisons to benchmarks
- Percentile rankings
- Proportions of respondents on gate questions
- Comparisons to the SPH Book of Business on each measure plotted with Rating of Health Plan

## Measures Included in Analyses

- Rating of Health Plan
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist
- Getting Needed Care
- Getting Care Quickly
- Coordination of Care
- Customer Service\*
- How Well Doctors Communicate\*

## Percentile Rankings



\* The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.





### PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10

60<sup>th</sup>

% 9 or 10

49<sup>th</sup>

### SatisAction™ KEY DRIVER STATISTICAL MODEL

Key Drivers Of The Rating Of The Health Plan

## POWER

Promote and Leverage Strengths

- Q8 Health care overall
- Q23 Got specialist appt.
- Q30 Easy to fill out forms
- Q28 CS courtesy/respect
- Q27 CS provided info./help

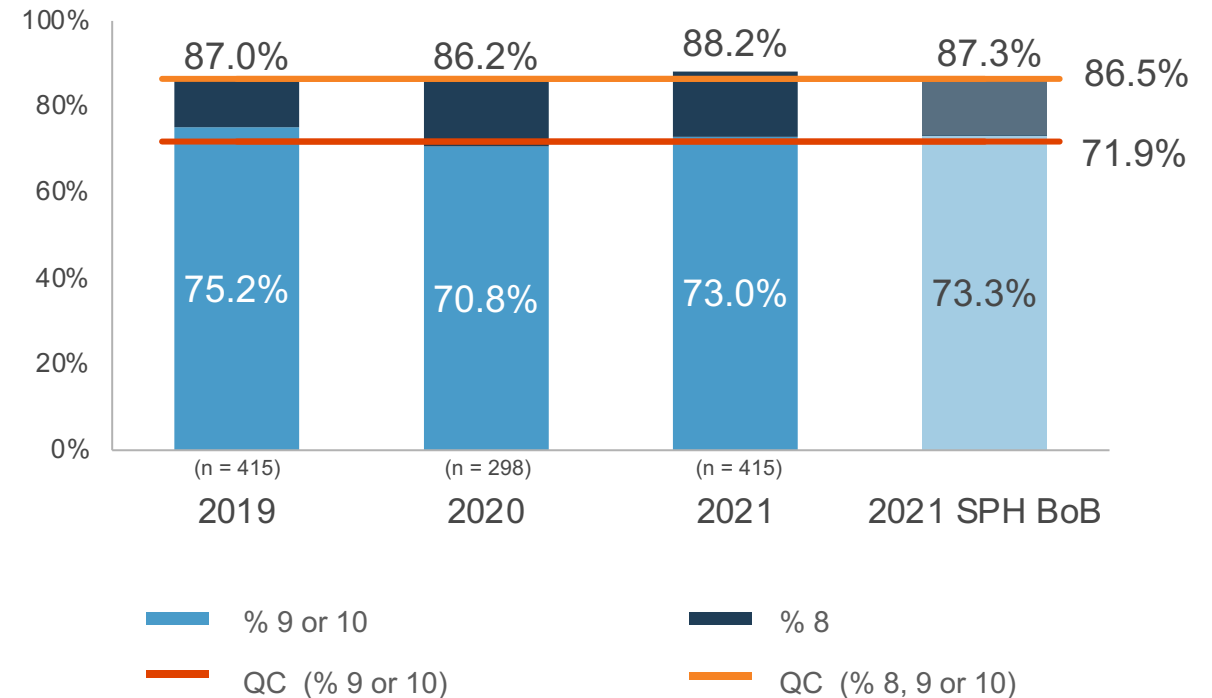
## OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q21 Personal doctor overall
- Q25 Specialist overall
- Q20 Dr. informed about care

### RATING OF HEALTH PLAN

% 8, 9 or 10



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.





# Rating of Health Care Measure

## PERCENTILE RANKING 2020 QC ALL PLANS

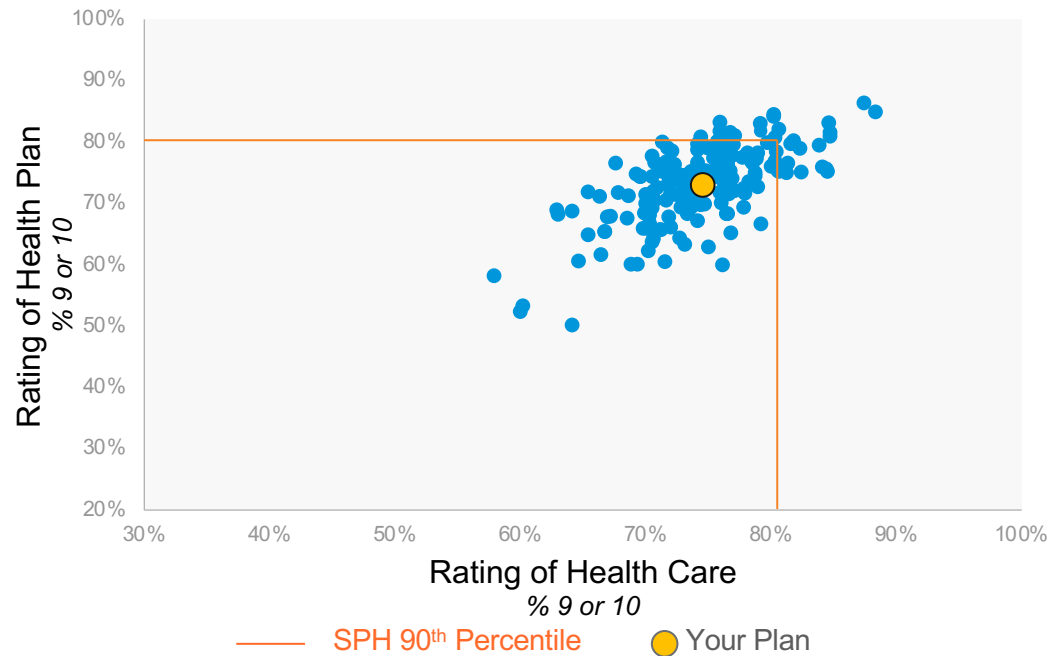
% 8, 9 or 10



% 9 or 10

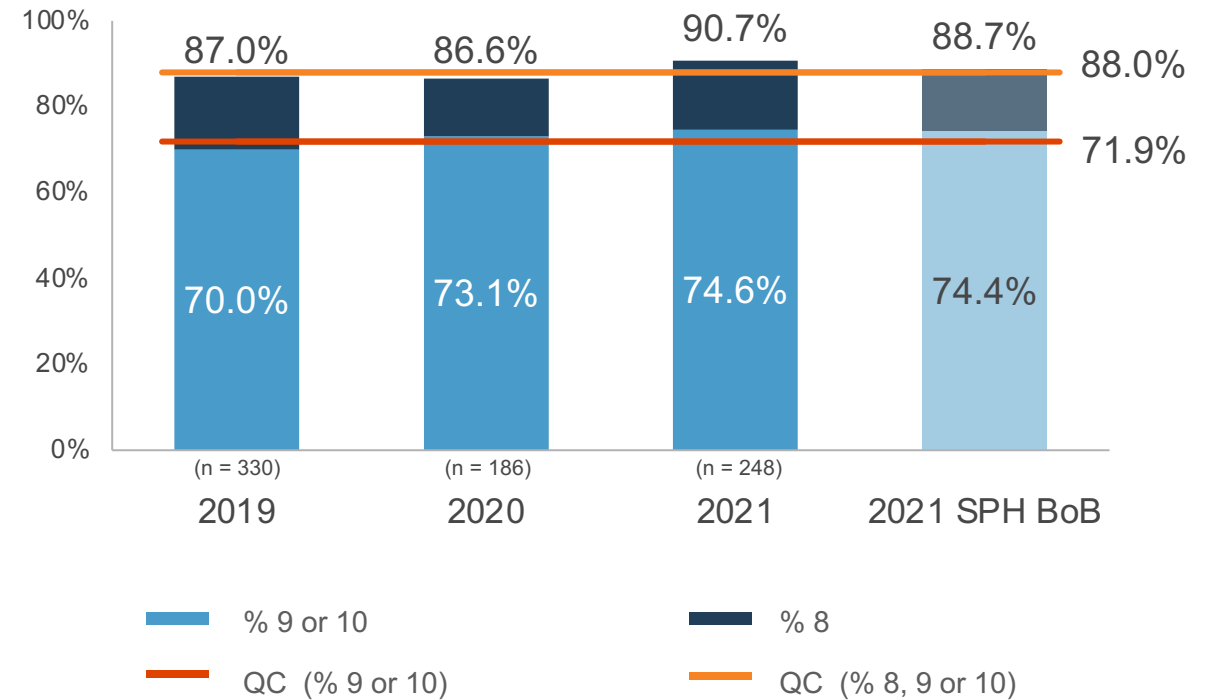


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## RATING OF HEALTH CARE

% 8, 9 or 10



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

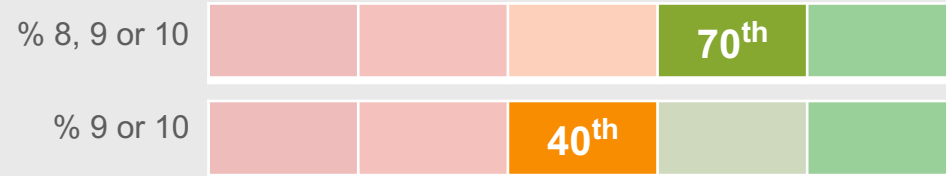




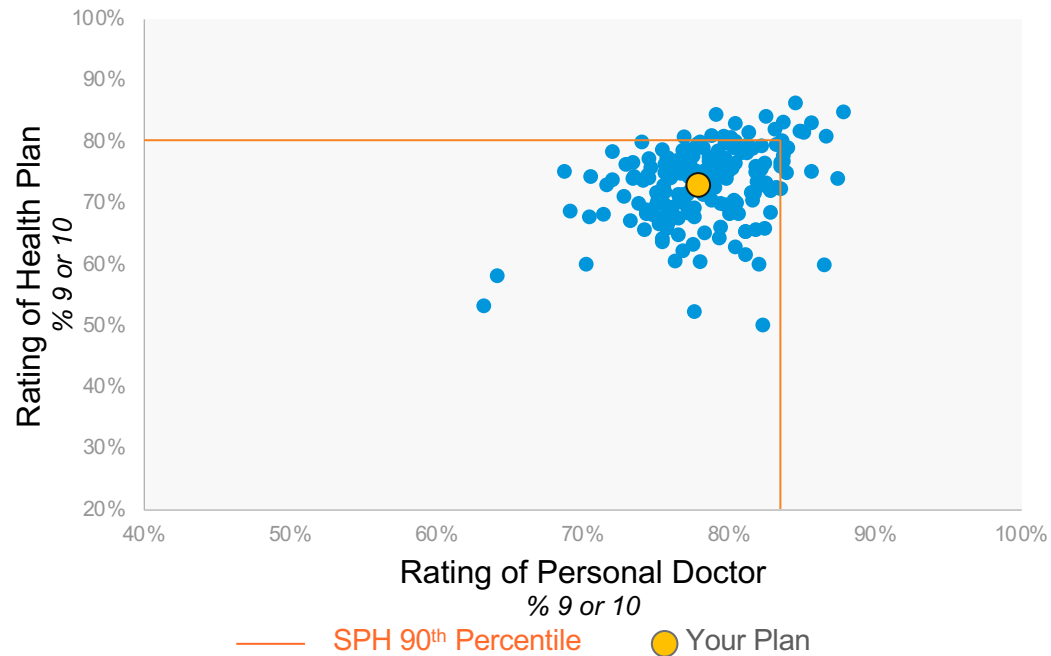
# Rating of Personal Doctor

## Measure

### PERCENTILE RANKING 2020 QC ALL PLANS

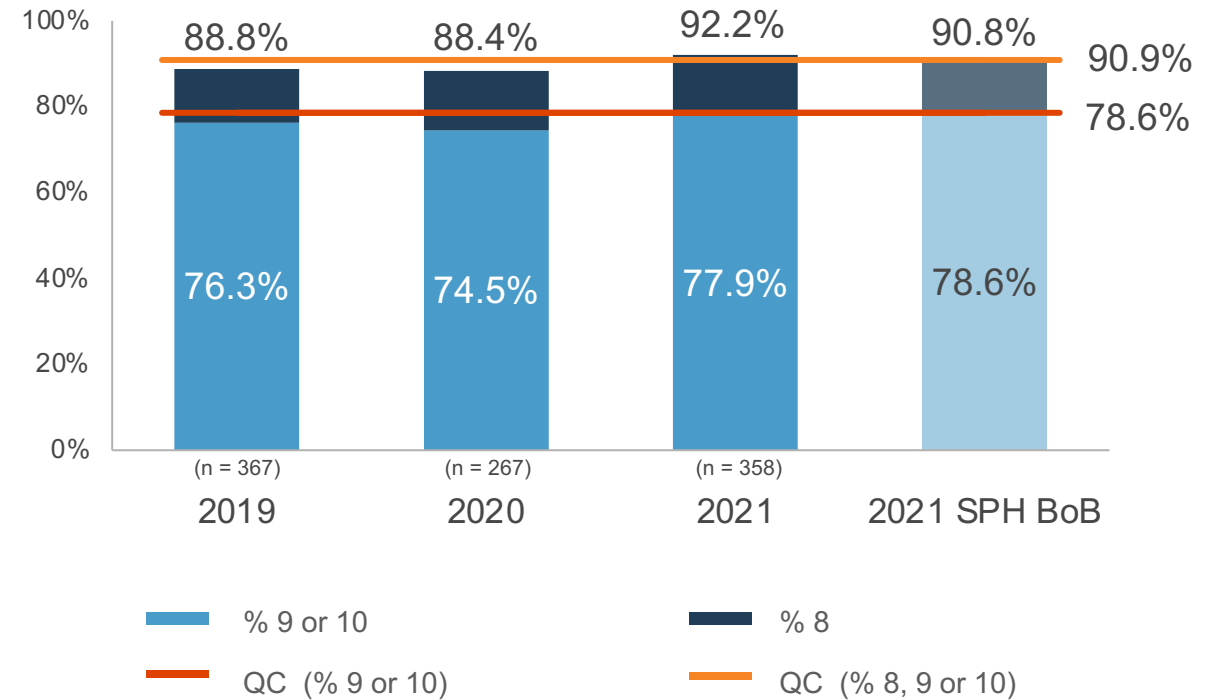


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### RATING OF PERSONAL DOCTOR

% 8, 9 or 10



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.





## PERCENTILE RANKING 2020 QC ALL PLANS

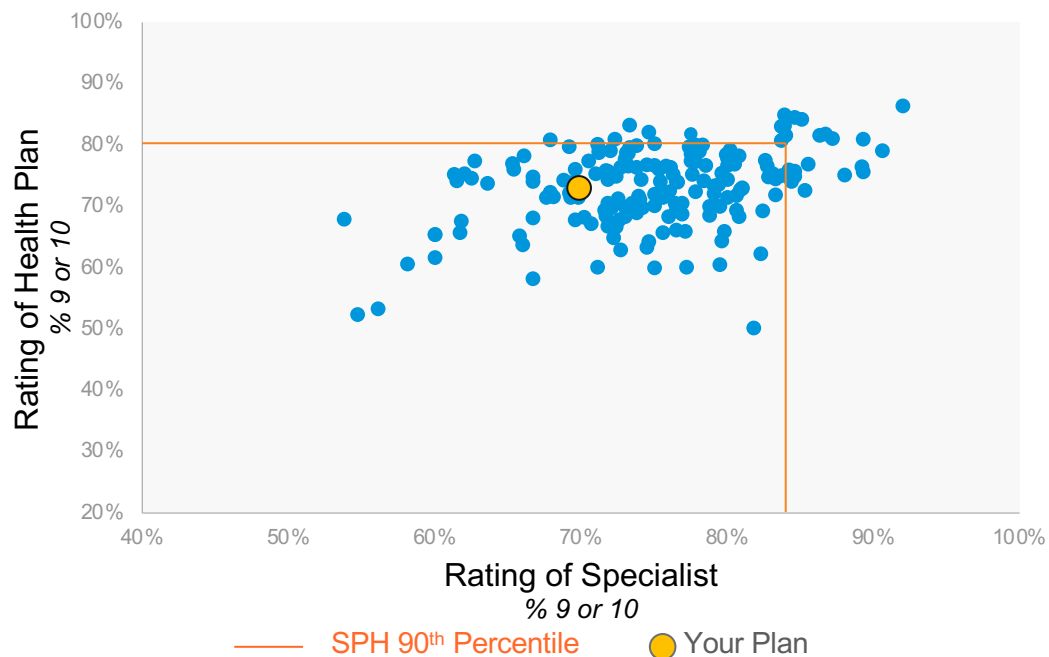
% 8, 9 or 10

7<sup>th</sup>

% 9 or 10

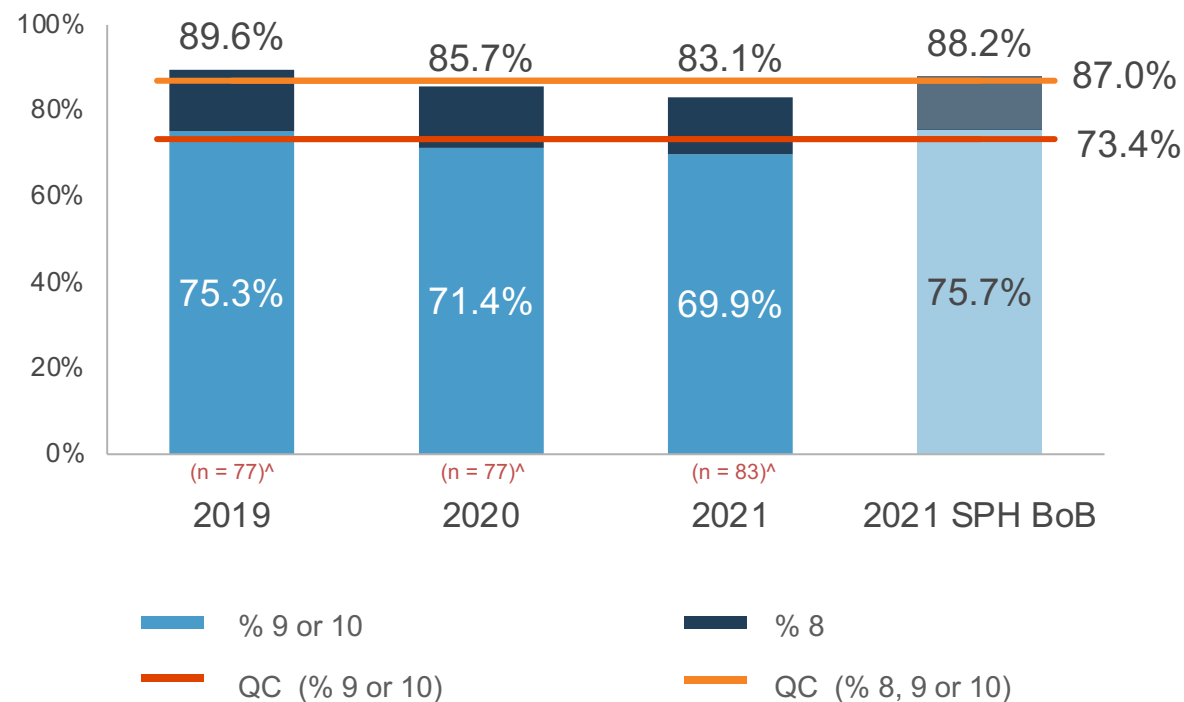
14<sup>th</sup>

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## RATING OF SPECIALIST

% 8, 9 or 10



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



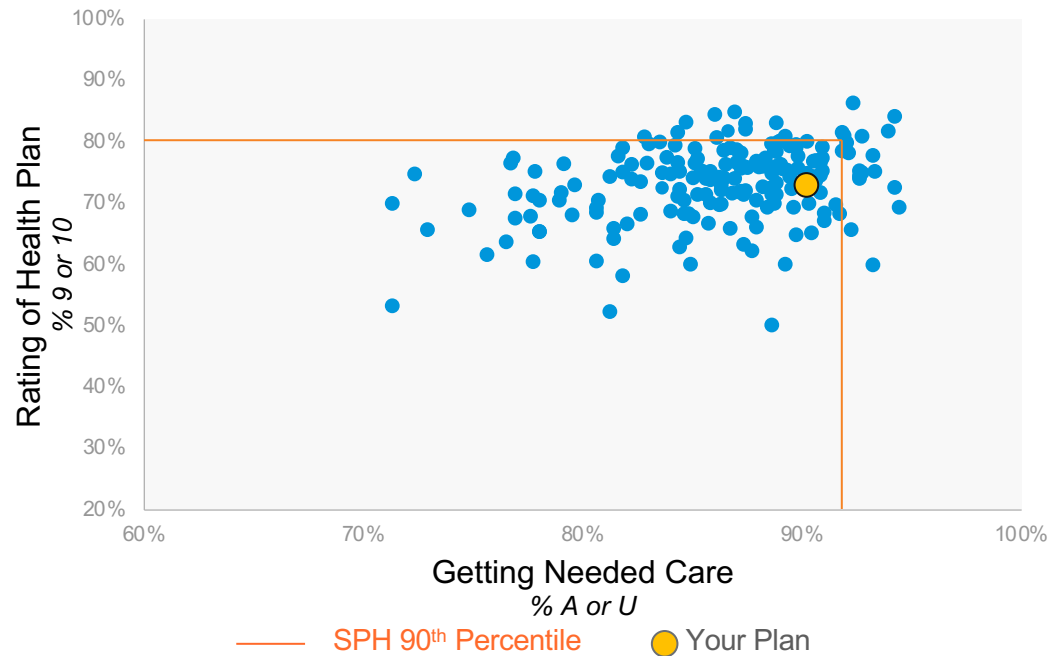


## PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

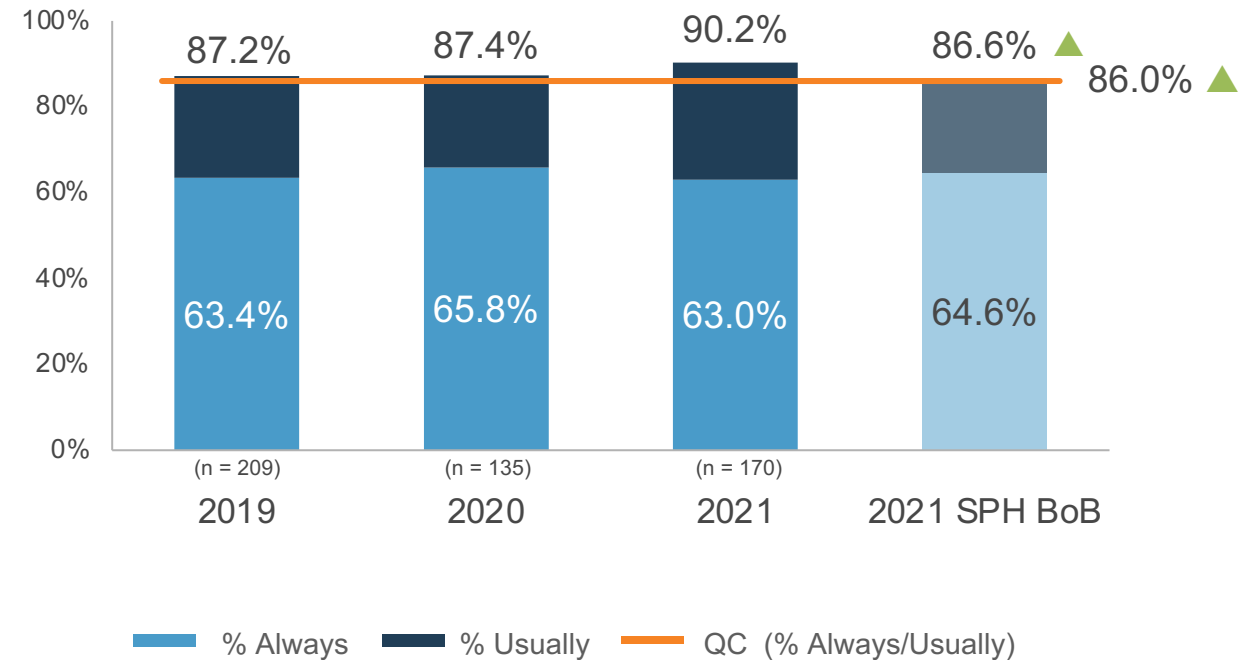


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING NEEDED CARE

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.





### GETTING NEEDED CARE QUESTIONS

The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- Q23. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

#### 2021 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

90.2%

#### Gate Question

Q22. Made appointments to see a specialist in the last 6 months

Valid n	Yes
427	22.0%

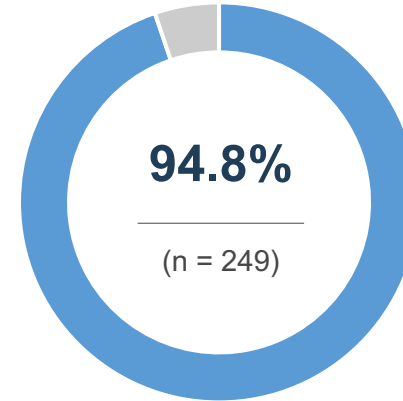
#### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

#### Q9. GETTING CARE, TESTS, OR TREATMENT % Always or Usually

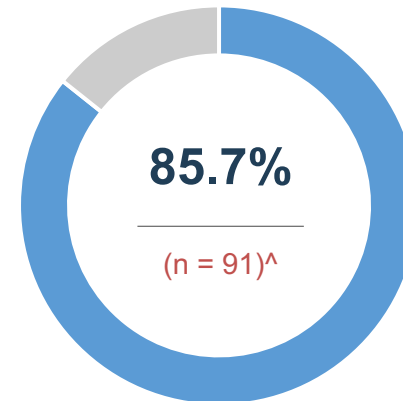


2021	94.8%	↑
2020	89.4%	
2019	93.1%	
SPH	90.8%	▲
QC	91.2%	▲

Percentile Ranking 2020 QC All Plans



#### Q23. GETTING SPECIALIST APPOINTMENT % Always or Usually



2021	85.7%
2020	85.4%
2019	81.4%
SPH	82.4%
QC	79.8%

Percentile Ranking 2020 QC All Plans





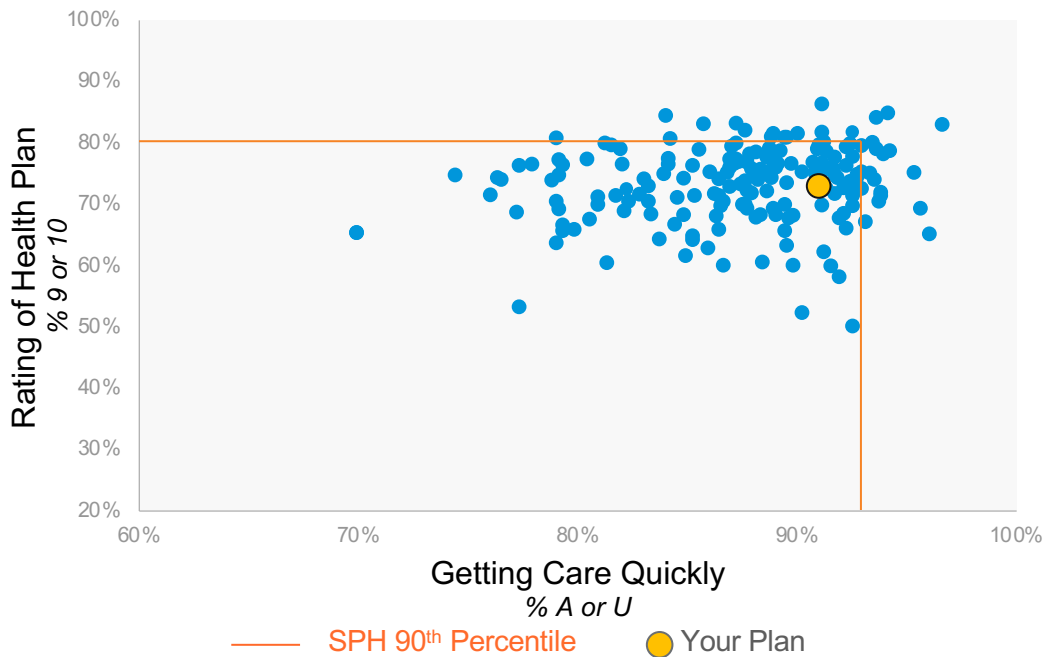


## PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

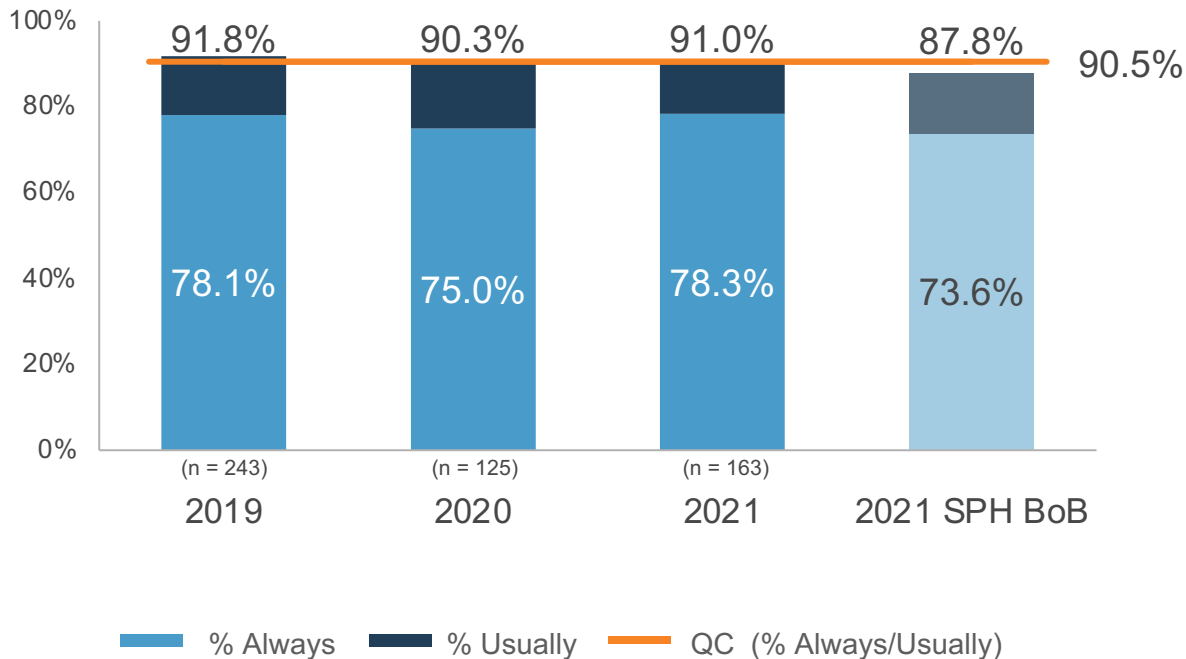
45<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING CARE QUICKLY

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.





### GETTING CARE QUICKLY QUESTIONS

The Getting Care Quickly composite score is calculated by taking the average of two questions:

- Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he/she needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

#### 2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

91.0%

#### Gate Questions

Q3. Had illness, injury or condition that needed care right away

Valid n	Yes
428	22.2%

Q5. Made appts for health care in person, on the phone, or on video

427	56.2%
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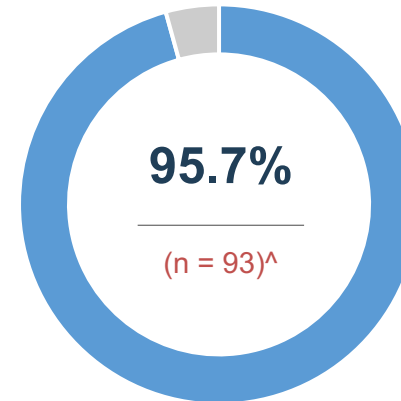
#### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

#### Q4. GETTING URGENT CARE % Always or Usually

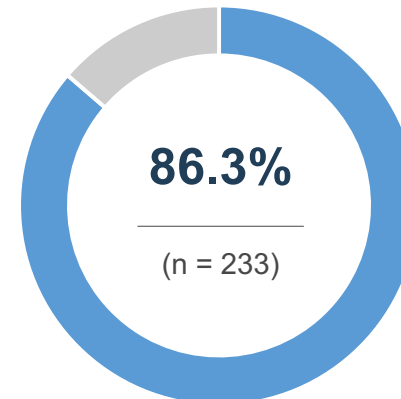


2021	95.7%
2020	91.1%
2019	94.9%
SPH	91.7%
QC	92.6%

Percentile Ranking 2020 QC All Plans



#### Q6. GETTING ROUTINE CARE % Always or Usually



2021	86.3%
2020	89.5%
2019	88.7%
SPH	83.8%
QC	89.0%

Percentile Ranking 2020 QC All Plans





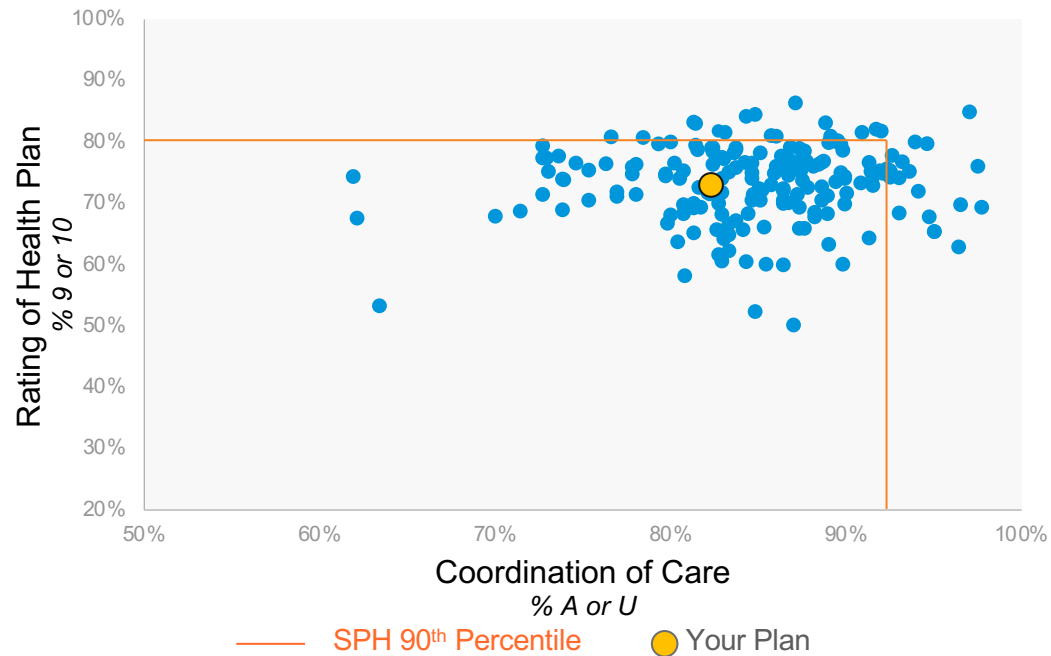


### PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

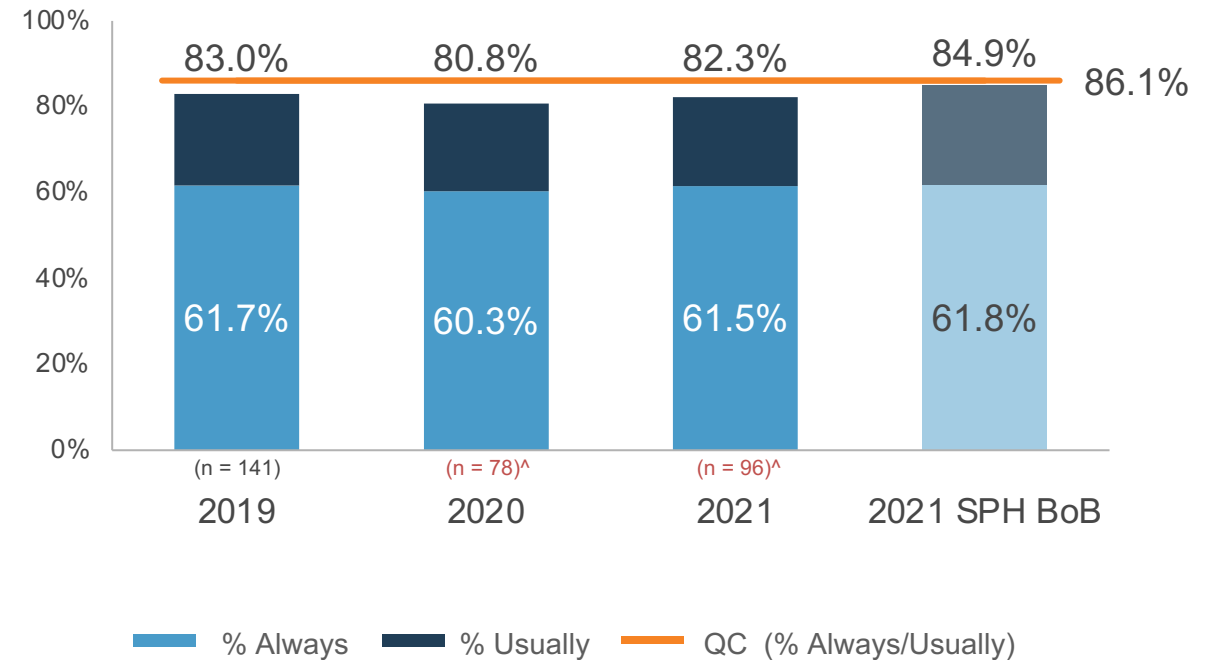
19<sup>th</sup>

### SPH BOOK OF BUSINESS DISTRIBUTION



### COORDINATION OF CARE

% Always or Usually



#### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



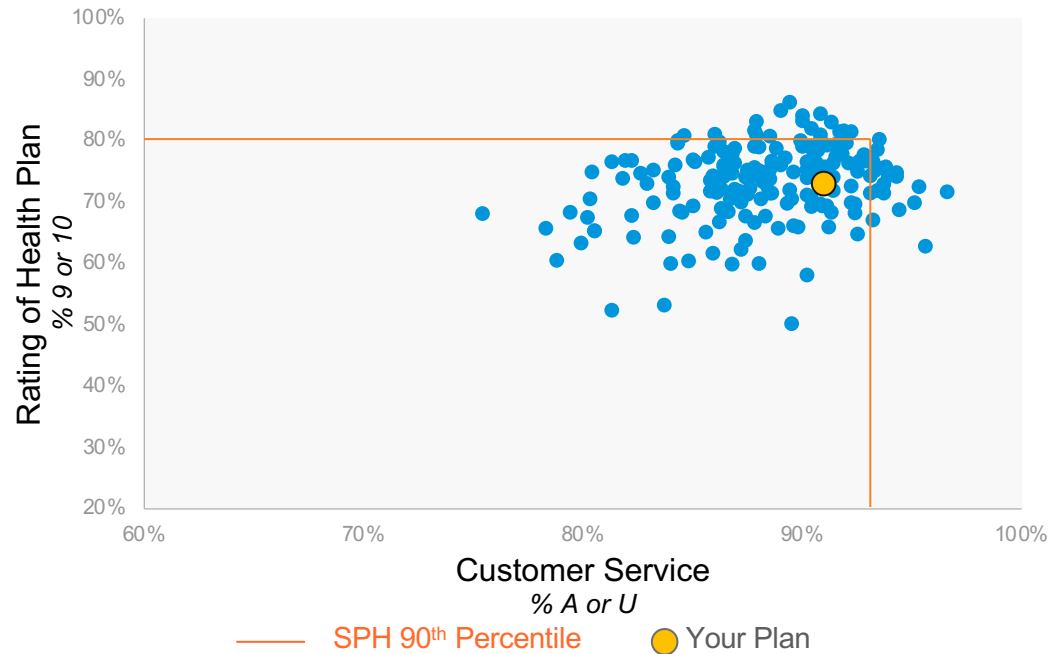


## PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

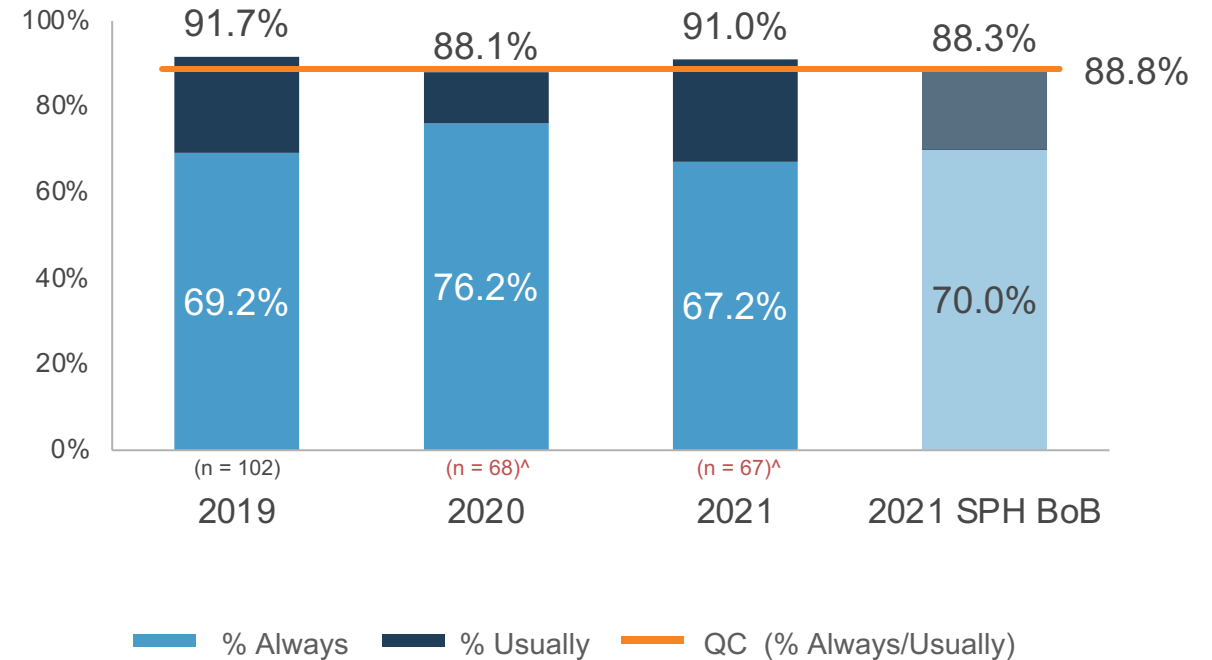
73<sup>rd</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## CUSTOMER SERVICE

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



### CUSTOMER SERVICE QUESTIONS

The Customer Service composite score is calculated by taking the average of two questions:

- Q27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
- Q28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

#### 2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE

91.0%

#### Gate Question

Q26. Tried to get information or help from health plan's customer service

Valid n	Yes
420	16.4%

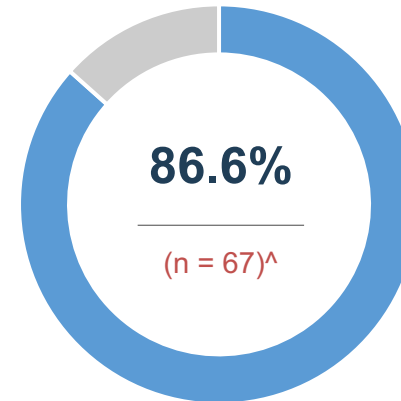
#### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

#### Q27. PROVIDED INFORMATION OR HELP % Always or Usually

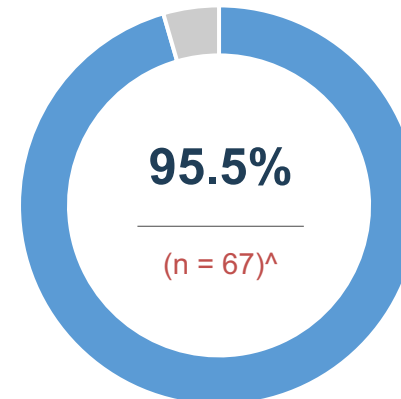


2021	86.6%
2020	83.6%
2019	89.3%
SPH	82.5%
QC	83.8%

Percentile Ranking 2020 QC All Plans



#### Q28. TREATED WITH COURTESY AND RESPECT % Always or Usually

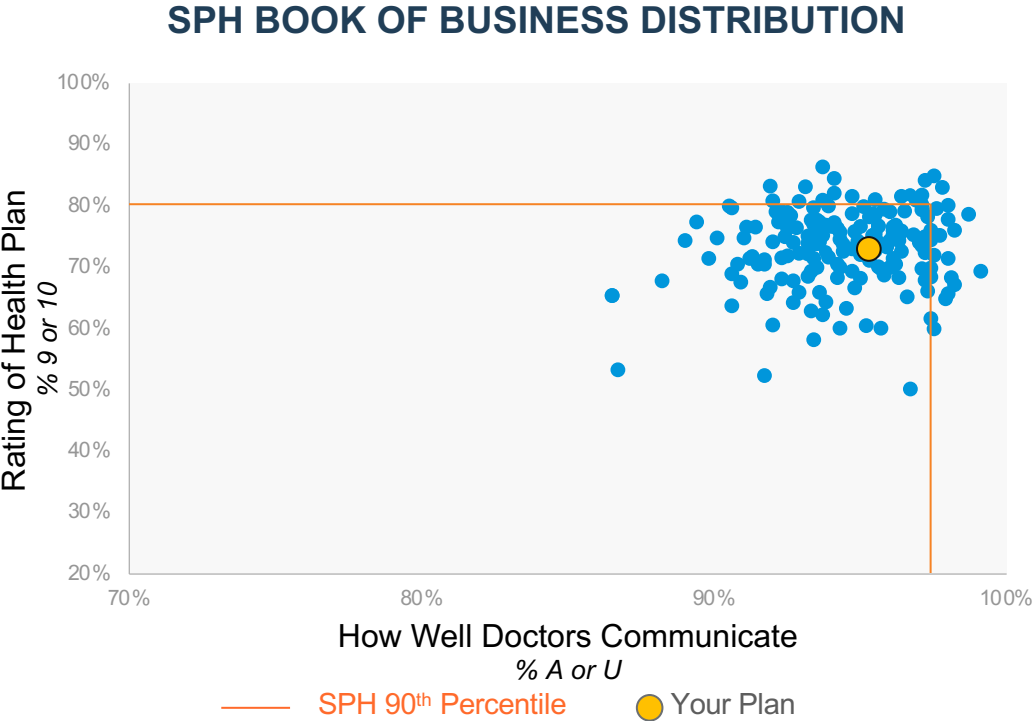
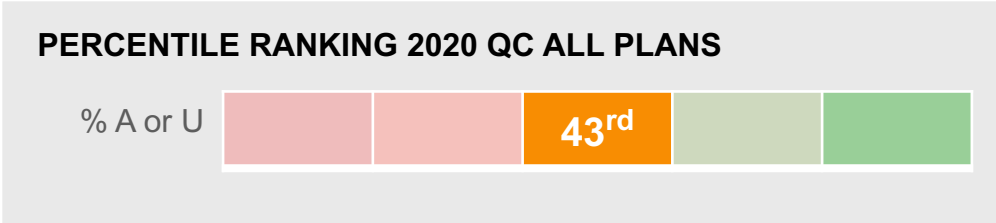


2021	95.5%
2020	92.6%
2019	94.1%
SPH	94.0%
QC	93.8%

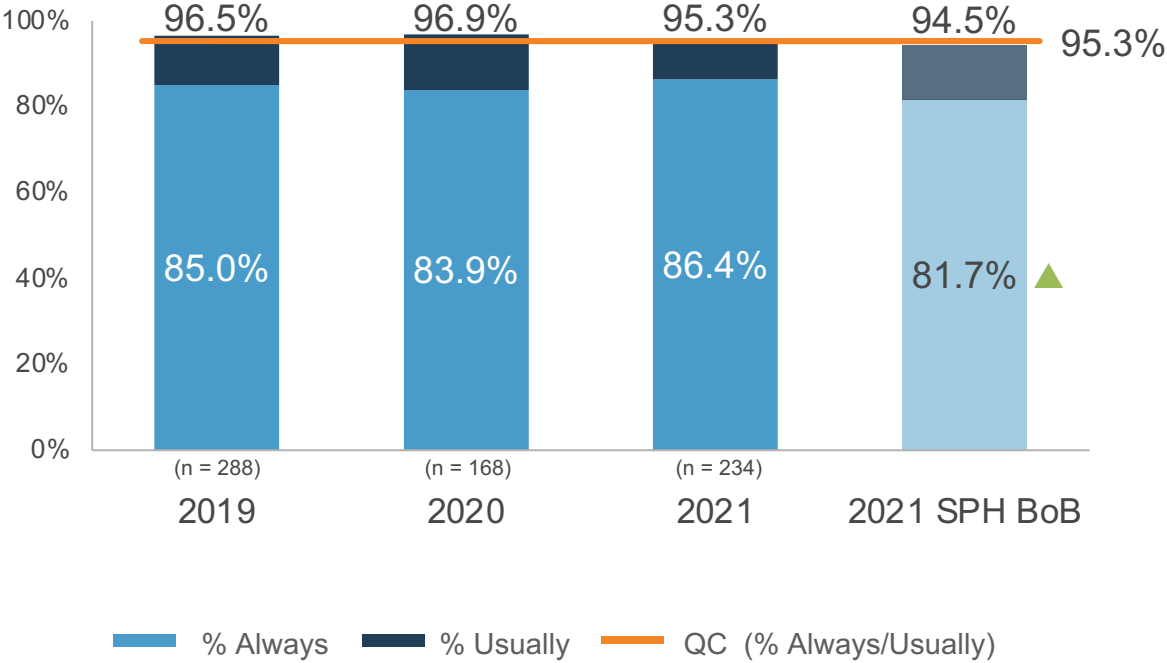
Percentile Ranking 2020 QC All Plans







**HOW WELL DOCTORS COMMUNICATE**  
% Always or Usually



**Significance Testing**

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

*^Denominator less than 100. NCQA will assign an NA to this measure.*

\* The How Well Doctors Communicate measure is not used for NCQA ratings.



HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q12. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Q17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Gate Question	Valid n	Yes
Q10. Have a personal doctor	426	86.4%

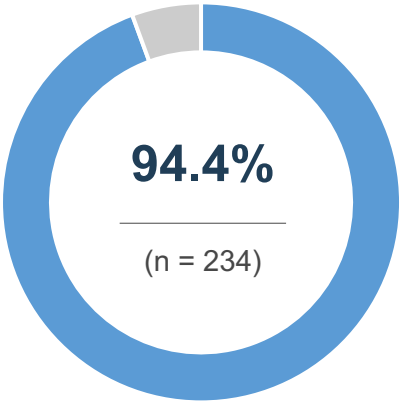
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

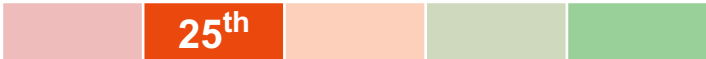
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

Q12. PERSONAL DOCTOR EXPLAINED THINGS  
% Always or Usually

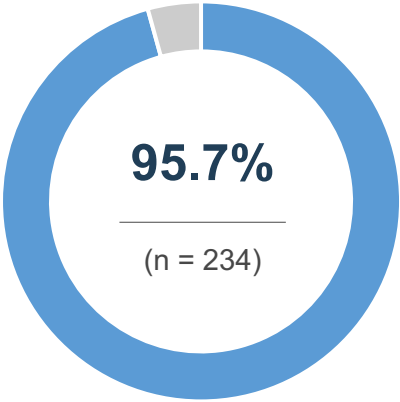


2021	94.4%
2020	97.6%
2019	96.9%
SPH	94.8%
QC	95.6%

Percentile Ranking 2020 QC All Plans



Q13. PERSONAL DOCTOR LISTENED CAREFULLY  
% Always or Usually



2021	95.7%
2020	98.8%
2019	96.5%
SPH	95.9%
QC	96.4%

Percentile Ranking 2020 QC All Plans





### HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q12. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Q17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

#### 2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

95.3%

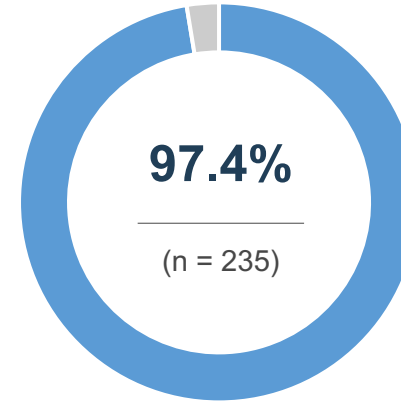
#### Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

#### Q14. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

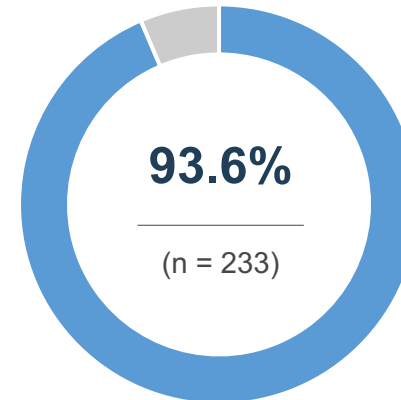


2021	97.4%
2020	97.6%
2019	97.2%
SPH	96.9%
QC	97.2%

Percentile Ranking 2020 QC All Plans



#### Q17. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2021	93.6%
2020	93.4%
2019	95.5%
SPH	90.4%
QC	91.9%

Percentile Ranking 2020 QC All Plans







# Summary of Trend and Benchmarks

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## Summary Rate Scores and Percentile Rankings

- Oklahoma Health Care Authority





# Summary of Trend and Benchmarks: Section Information

**Trend and Benchmark Comparisons** The CAHPS® 5.1 survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes), additional measures, and rating questions are shown on the following pages.

Summary Rate Scores: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2021 SPH Analytics Medicaid Child Book of Business and the 2020 Medicaid Child Quality Compass® All Plans benchmarks. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted.

Plan Percentile Rankings: Shows your plan's Summary Rates and percentile rankings in relation to the benchmarks.

## Significance Testing

**Green** – Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

**Red** – Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.



## Available Benchmarks

The following benchmarks are used throughout the report.

	<b>2020 Quality Compass® All Plans</b>	<b>2020 NCQA 1-100 Benchmark</b>	<b>2021 SPH Analytics Book of Business</b>
	Includes all Medicaid Child samples that submitted data to NCQA in 2020.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Child data submitted to NCQA in 2020.	Includes all Medicaid samples that contracted with SPH Analytics to administer the MY 2020 CAHPS 5.1H survey and submitted data to NCQA.
<b>PROS</b>	<ul style="list-style-type: none"> <li>Contains more plans than Public Report</li> <li>Is presented in NCQA's The State of Health Care Quality</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark</li> </ul>
<b>CONS</b>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>
<b>SIZE</b>	175 Plans	175 Plans	181 Plans / 52,594 Respondents





# Summary Rate Scores

STAR RATING MEASURES		2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
<div>7</div> <div>Total Star Rating</div> <div>★ Measures</div>	Rating Questions (% 9 or 10)						
	★ Q31. Rating of Health Plan	415	75.2%	70.8%	73.0%	73.3%	71.9%
	★ Q8. Rating of Health Care	248	70.0%	73.1%	74.6%	74.4%	71.9%
	★ Q21. Rating of Personal Doctor	358	76.3%	74.5%	77.9%	78.6%	78.6%
	★ Q25. Rating of Specialist	83^	75.3%	71.4%	69.9%	75.7%	73.4%
<div>4</div> <div>Above QC Benchmark</div>	Rating Questions (% 8, 9 or 10)						
	Q31. Rating of Health Plan	415	87.0%	86.2%	88.2%	87.3%	86.5%
	Q8. Rating of Health Care	248	87.0%	86.6%	90.7%	88.7%	88.0%
	Q21. Rating of Personal Doctor	358	88.8%	88.4%	92.2%	90.8%	90.9%
	Q25. Rating of Specialist	83^	89.6%	85.7%	83.1%	88.2%	87.0%
	★ Getting Needed Care (% Always or Usually)	170	87.2%	87.4%	90.2%	86.6% ▲	86.0% ▲
	Q9. Getting care, tests, or treatment	249	93.1%	89.4%	94.8% ↑	90.8% ▲	91.2% ▲
<div>3</div> <div>At or Below QC Benchmark</div>	Q23. Getting specialist appointment	91^	81.4%	85.4%	85.7%	82.4%	79.8%
	★ Getting Care Quickly (% Always or Usually)	163	91.8%	90.3%	91.0%	87.8%	90.5%
	Q4. Getting urgent care	93^	94.9%	91.1%	95.7%	91.7%	92.6%
	Q6. Getting routine care	233	88.7%	89.5%	86.3%	83.8%	89.0%
	Other Measure (% Always or Usually)						
	★ Q20. Coordination of Care	96^	83.0%	80.8%	82.3%	84.9%	86.1%









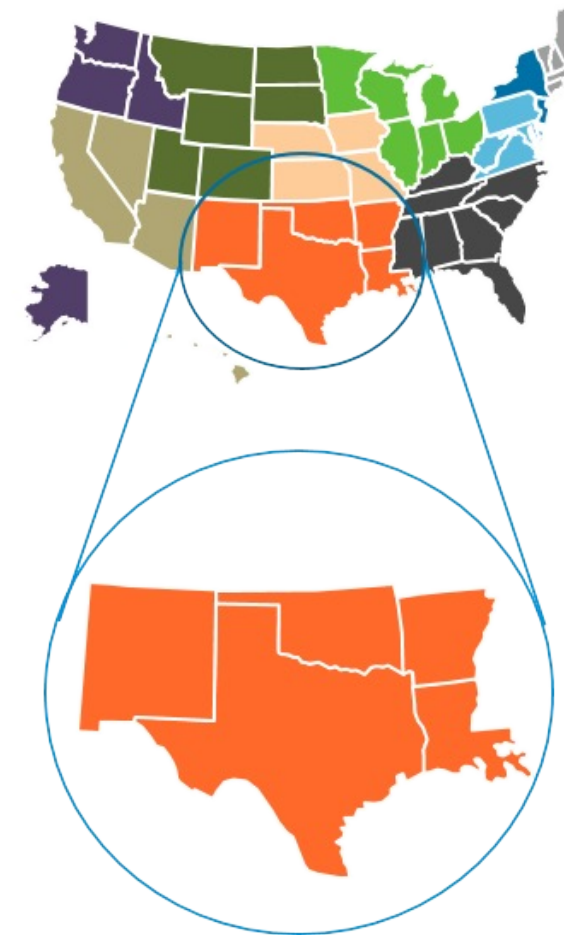
# Summary Rate Scores

OTHER MEASURES (Not used for accreditation/ratings)	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
<b>Customer Service (% Always or Usually)</b>	<b>67^</b>	<b>91.7%</b>	<b>88.1%</b>	<b>91.0%</b>	<b>88.3%</b>	<b>88.8%</b>
Q27. Provided information or help	67^	89.3%	83.6%	86.6%	82.5%	83.8%
Q28. Treated with courtesy and respect	67^	94.1%	92.6%	95.5%	94.0%	93.8%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>234</b>	<b>96.5%</b>	<b>96.9%</b>	<b>95.3%</b>	<b>94.5%</b>	<b>95.3%</b>
Q12. Personal doctor explained things	234	96.9%	97.6%	94.4%	94.8%	95.6%
Q13. Personal doctor listened carefully	234	96.5%	98.8%	95.7%	95.9%	96.4%
Q14. Personal doctor showed respect	235	97.2%	97.6%	97.4%	96.9%	97.2%
Q17. Personal doctor spent enough time	233	95.5%	93.4%	93.6%	90.4%	91.9%
<b>Other Measure (% Always or Usually)</b>						
Q30. Ease of filling out forms	408	96.4%	97.9%	97.8%	96.0% ▲	96.5%



	SUMMARY RATE	2021 SPH BoB REGION
<b>Rating Questions (% 9 or 10)</b>		
Q31. Rating of Health Plan	73.0%	77.3%
Q8. Rating of Health Care	74.6%	76.8%
Q21. Rating of Personal Doctor	77.9%	79.4%
Q25. Rating of Specialist	69.9%	79.1%
<b>Rating Questions (% 8, 9 or 10)</b>		
Q31. Rating of Health Plan	88.2%	89.6%
Q8. Rating of Health Care	90.7%	89.4%
Q21. Rating of Personal Doctor	92.2%	91.2%
Q25. Rating of Specialist	83.1%	89.2%
<b>Getting Needed Care (% Always or Usually)</b>	90.2% 	85.8%
Q9. Getting care, tests, or treatment	94.8% 	89.8%
Q23. Getting specialist appointment	85.7%	81.9%
<b>Getting Care Quickly (% Always or Usually)</b>	91.0% 	86.8%
Q4. Getting urgent care	95.7% 	90.9%
Q6. Getting routine care	86.3%	82.7%
<b>Coordination of Care (Q20) (% Always or Usually)</b>	82.3%	83.7%



**HHS Regions:** The regions used align with the U.S. Department of Health and Human Services regions.



## Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

## Significance Testing

Current year score is significantly higher () or lower () than the 2021 SPH BoB Region score.





# Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
Rating Questions (% 9 or 10)																					
Q31. Rating of Health Plan	73.0%	49 <sup>th</sup>	60.6	63.6	68.9	70.6	73.3	74.6	75.5	77.9	80.5	42 <sup>nd</sup>	61.6	65.4	69.8	71.5	74.2	76.4	77.4	80.3	81.8
Q8. Rating of Health Care	74.6%	71 <sup>st</sup>	63.0	66.1	69.3	70.3	72.4	74.0	75.5	77.7	79.8	52 <sup>nd</sup>	66.2	68.6	71.2	72.1	74.4	76.4	77.0	80.5	82.5
Q21. Rating of Personal Doctor	77.9%	40 <sup>th</sup>	72.0	73.1	75.9	77.2	79.0	80.7	81.4	83.3	84.3	44 <sup>th</sup>	72.0	74.1	75.8	76.8	78.5	80.2	81.2	83.5	84.5
Q25. Rating of Specialist	69.9%	14 <sup>th</sup>	66.9	68.0	71.3	73.6	74.2	74.4	75.0	76.8	77.4	20 <sup>th</sup>	61.7	65.9	71.5	72.5	75.1	78.3	80.0	84.0	85.5
Rating Questions (% 8, 9 or 10)																					
Q31. Rating of Health Plan	88.2%	60 <sup>th</sup>	79.2	81.3	84.4	85.7	87.4	88.6	89.3	91.7	92.4	52 <sup>nd</sup>	80.4	82.2	84.9	85.6	88.1	89.5	90.1	92.0	92.8
Q8. Rating of Health Care	90.7%	77 <sup>th</sup>	82.3	83.9	86.0	86.8	88.5	89.7	90.6	92.2	93.1	73 <sup>rd</sup>	83.7	84.5	86.3	87.4	88.8	90.1	90.9	93.4	94.7
Q21. Rating of Personal Doctor	92.2%	70 <sup>th</sup>	86.0	87.6	89.5	90.2	91.2	92.0	92.5	93.8	94.8	69 <sup>th</sup>	86.4	87.3	88.9	89.8	91.0	92.0	92.6	94.0	94.8
Q25. Rating of Specialist	83.1%	7 <sup>th</sup>	83.0	84.8	85.0	86.5	87.1	87.9	87.9	89.6	91.9	16 <sup>th</sup>	79.3	80.8	85.5	86.4	88.0	90.2	91.2	94.0	96.2
Getting Needed Care (% A or U)	90.2%	85 <sup>th</sup>	78.7	80.7	83.7	84.5	86.6	88.3	89.1	91.1	92.6	80 <sup>th</sup>	76.9	78.8	83.6	84.8	86.9	88.7	89.4	91.8	92.6
Q9. Getting care, tests, or treatment	94.8%	84 <sup>th</sup>	84.8	86.7	89.1	90.0	92.0	93.3	93.8	95.4	96.2	87 <sup>th</sup>	83.6	85.6	88.3	89.1	91.0	93.0	93.3	95.0	96.0
Q23. Getting specialist appointment	85.7%	84 <sup>th</sup>	70.9	72.1	75.4	78.3	79.7	82.1	83.7	87.7	88.1	72 <sup>nd</sup>	66.7	72.3	78.1	80.0	82.7	84.8	86.1	89.7	92.4
Getting Care Quickly (% A or U)	91.0%	45 <sup>th</sup>	82.3	85.0	88.3	89.6	91.6	92.9	93.5	95.0	95.6	70 <sup>th</sup>	78.8	79.3	84.5	86.4	88.2	90.7	91.2	92.9	93.7
Q4. Getting urgent care	95.7%	77 <sup>th</sup>	85.7	86.2	90.3	91.7	93.3	94.8	95.6	96.7	97.1	79 <sup>th</sup>	81.8	83.8	87.9	89.5	92.0	93.9	95.2	96.9	98.1
Q6. Getting routine care	86.3%	25 <sup>th</sup>	79.4	81.8	86.1	88.3	90.1	91.7	92.4	94.3	94.9	62 <sup>nd</sup>	72.1	75.8	79.9	82.2	85.2	86.8	88.1	90.7	91.7
Q20. Coordination of Care (% A or U)	82.3%	19 <sup>th</sup>	77.3	79.7	83.9	85.3	87.1	88.2	89.3	90.7	91.7	27 <sup>th</sup>	73.6	76.9	81.6	82.9	85.1	87.6	88.9	92.3	94.1

% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.





# Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Customer Service (% A or U)</b>	<b>91.0%</b>	<b>73<sup>rd</sup></b>	<b>81.7</b>	<b>85.1</b>	<b>87.0</b>	<b>87.3</b>	<b>89.0</b>	<b>90.3</b>	<b>91.1</b>	<b>92.9</b>	<b>93.8</b>	<b>73<sup>rd</sup></b>	<b>80.5</b>	<b>82.8</b>	<b>86.1</b>	<b>86.8</b>	<b>88.5</b>	<b>90.4</b>	<b>91.1</b>	<b>93.1</b>	<b>93.7</b>
Q27. Provided information or help	86.6%	71 <sup>st</sup>	73.0	77.0	81.0	82.0	84.4	85.9	87.3	89.5	90.4	74 <sup>th</sup>	73.1	75.0	79.1	80.0	82.9	85.5	86.6	89.1	90.2
Q28. Treated with courtesy and respect	95.5%	74 <sup>th</sup>	90.1	91.0	92.0	92.9	94.0	94.9	95.5	97.3	97.3	63 <sup>rd</sup>	87.8	90.2	92.1	92.7	94.2	95.8	96.4	98.0	98.7
<b>How Well Doctors Communicate (% A or U)</b>	<b>95.3%</b>	<b>43<sup>rd</sup></b>	<b>91.6</b>	<b>92.5</b>	<b>94.3</b>	<b>94.7</b>	<b>95.5</b>	<b>96.4</b>	<b>96.6</b>	<b>97.6</b>	<b>98.0</b>	<b>57<sup>th</sup></b>	<b>90.5</b>	<b>91.3</b>	<b>92.9</b>	<b>93.4</b>	<b>94.5</b>	<b>95.8</b>	<b>96.4</b>	<b>97.4</b>	<b>97.9</b>
Q12. Personal doctor explained things	94.4%	25 <sup>th</sup>	90.9	92.2	94.4	95.2	96.0	97.1	97.3	98.0	98.5	41 <sup>st</sup>	89.6	91.8	93.1	93.6	94.8	96.2	96.9	98.0	98.7
Q13. Personal doctor listened carefully	95.7%	30 <sup>th</sup>	93.1	94.2	95.3	95.8	96.6	97.3	97.5	98.5	98.7	45 <sup>th</sup>	92.2	93.2	94.6	95.2	95.9	97.2	97.5	98.4	99.2
Q14. Personal doctor showed respect	97.4%	54 <sup>th</sup>	94.7	95.3	96.3	96.6	97.3	97.9	98.1	99.0	99.3	61 <sup>st</sup>	94.0	94.4	95.8	96.1	97.0	97.8	98.2	98.9	99.2
Q17. Personal doctor spent enough time	93.6%	65 <sup>th</sup>	85.5	86.9	89.0	90.6	92.5	93.7	94.3	96.4	97.2	72 <sup>nd</sup>	82.7	84.5	87.9	88.5	90.7	92.8	94.0	95.5	96.5
<b>Ease of Filling Out Forms (Q30) (% A or U)</b>	<b>97.8%</b>	<b>77<sup>th</sup></b>	<b>93.2</b>	<b>94.4</b>	<b>95.5</b>	<b>96.0</b>	<b>96.6</b>	<b>97.3</b>	<b>97.6</b>	<b>98.4</b>	<b>98.9</b>	<b>86<sup>th</sup></b>	<b>92.9</b>	<b>93.7</b>	<b>94.8</b>	<b>95.3</b>	<b>96.2</b>	<b>96.9</b>	<b>97.2</b>	<b>98.0</b>	<b>98.3</b>

% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.





# Profile of Survey Respondents

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## Demographic Composition

- Oklahoma Health Care Authority





# Profile of Survey Respondents: Section Information

**Demographic Profile** The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

The percentages of respondents are displayed by demographic category (Child's Age, Gender, Health Status, Mental/Emotional Health Status, Ethnicity, and Race, as well as Respondent's Age, Gender, Education and Relation to Child) from your current survey, compared to trend data (if applicable) and the 2021 SPH Analytics Medicaid Child Book of Business and the 2020 Medicaid Child Quality Compass® All Plans benchmarks. NCQA did not provide Quality Compass demographic benchmarks in 2020.

The demographic makeup of your plan's member base may not mirror the "average" plan; therefore, caution is recommended when making comparisons to benchmark data. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are notated. Refer to the Technical Notes for more information on this topic.

## Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

**SPH** refers to the 2021 SPH Analytics Book of Business benchmark.

**QC** refers to the 2020 Quality Compass® All Plans benchmark.

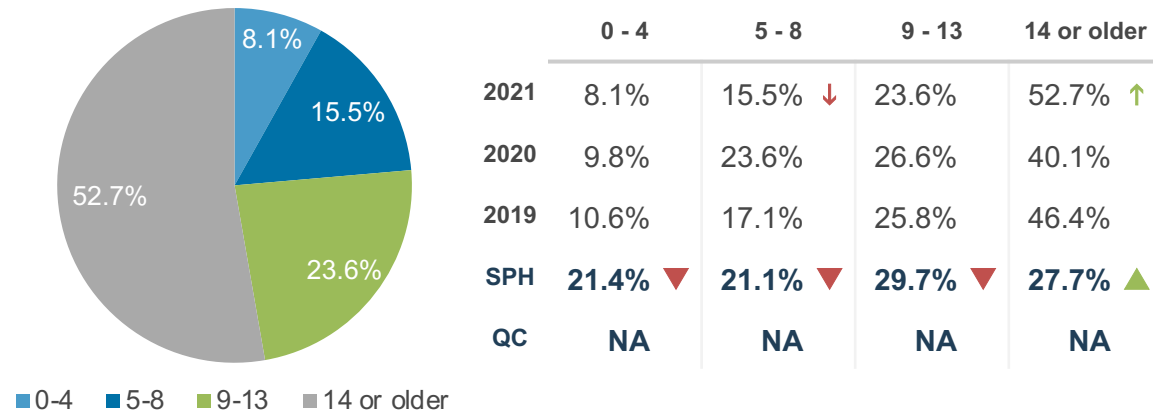
No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.



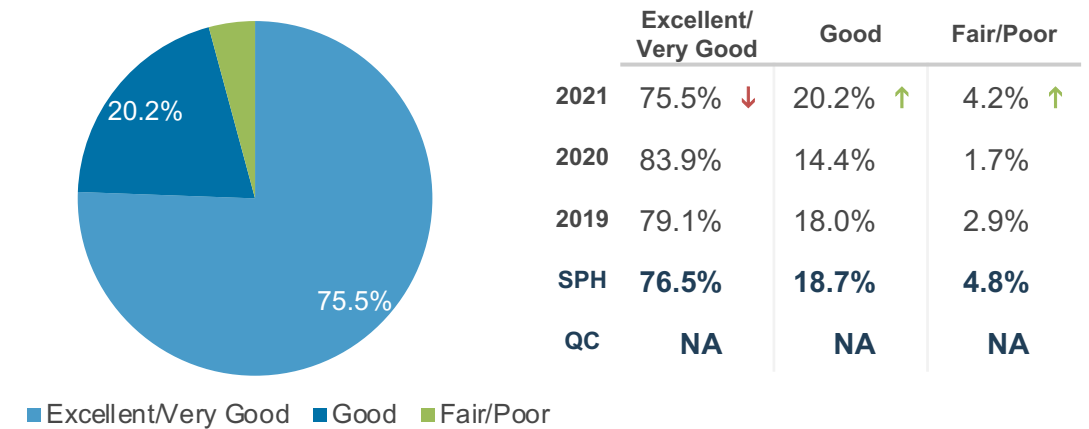
## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

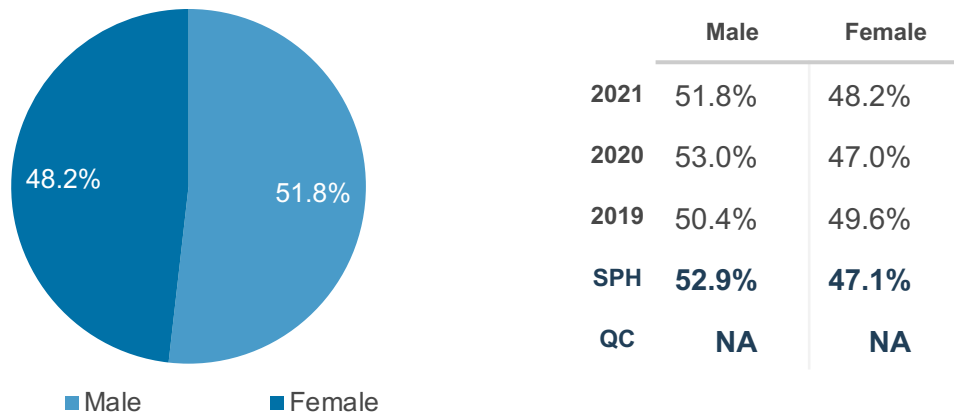
### Child's Age



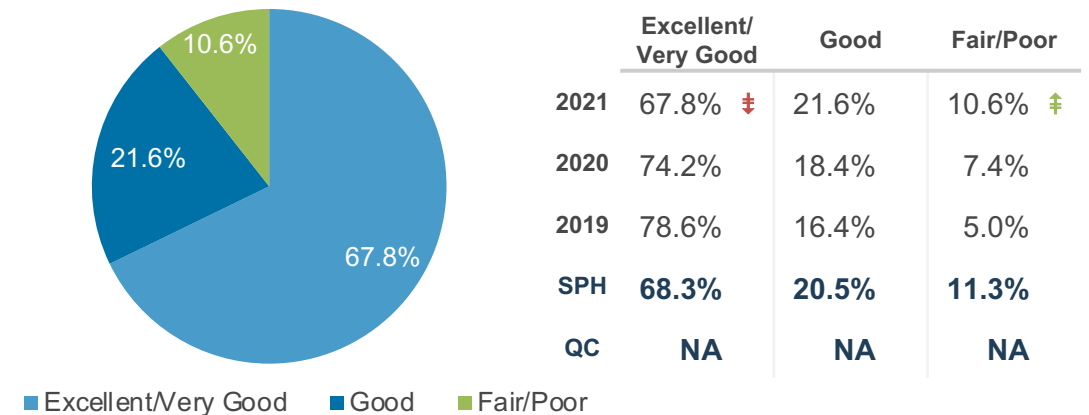
### Child's Health Status



### Child's Gender



### Child's Mental/Emotional Health Status

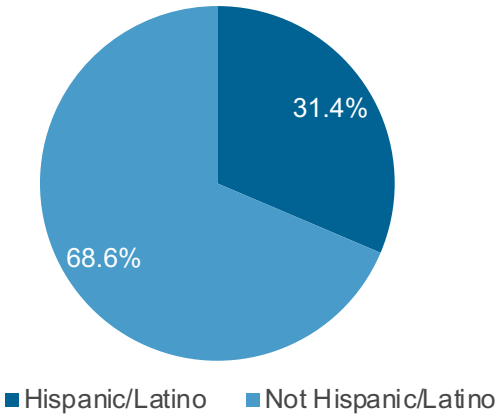




## Survey Demographics

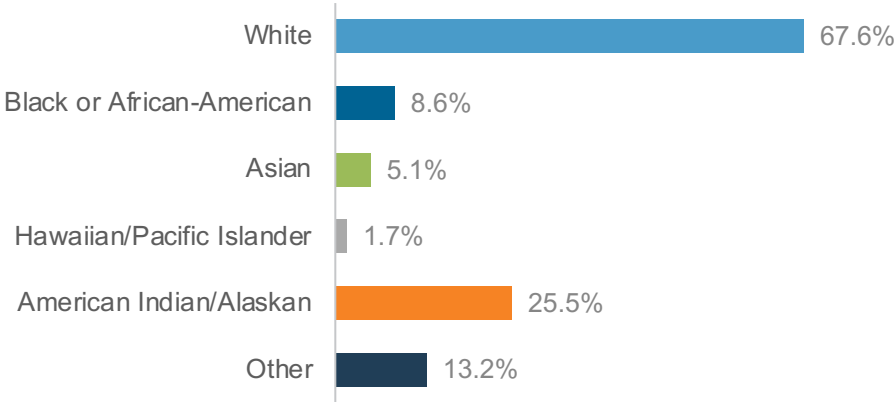
The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan’s member population.

Child’s Ethnicity



	Hispanic/ Latino	Not Hispanic/ Latino
2021	31.4% ↑	68.6% ↓
2020	23.4%	76.6%
2019	31.3%	68.7%
SPH	34.0%	66.0%
QC	NA	NA

Child’s Race



	White	Black or African- American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaskan	Other
2021	67.6% ↓	8.6%	5.1%	1.7%	25.5% ↕	13.2%
2020	77.0%	12.7%	5.3%	3.5%	28.6%	9.2%
2019	71.0%	8.8%	5.4%	2.0%	16.8%	18.0%
SPH	63.5%	23.8% ▼	6.4%	1.1%	3.0% ▲	15.2%
QC	NA	NA	NA	NA	NA	NA

Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

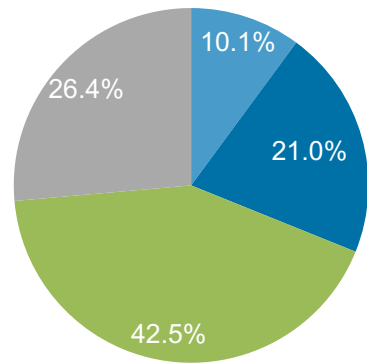
Note: Due to space constraints, scores <5% will not be labeled on the graph.



## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

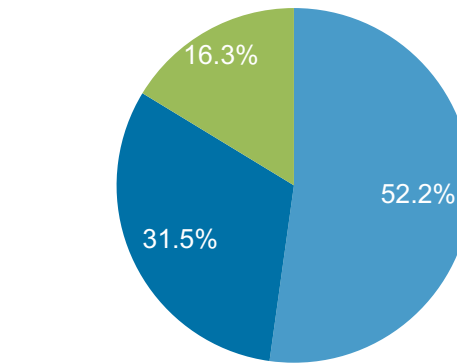
### Respondent's Age



■ 24 or younger ■ 25-34

	24 or younger	25 - 34	35 - 44	45 or older
2021	10.1% ↑	21.0% ↓	42.5%	26.4%
2020	5.8%	32.7%	38.4%	23.1%
2019	8.9%	21.6%	44.2%	25.2%
SPH	12.4%	24.0%	33.6% ▲	30.1%
QC	NA	NA	NA	NA

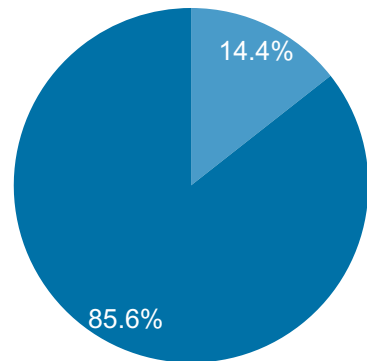
### Respondent's Education



■ HS Graduate or Less ■ Some College

	HS Graduate or Less	Some College	College Graduate or More
2021	52.2% ↑	31.5% ↓	16.3%
2020	43.1%	39.0%	18.0%
2019	54.3%	32.4%	13.3%
SPH	50.3%	31.7%	18.0%
QC	NA	NA	NA

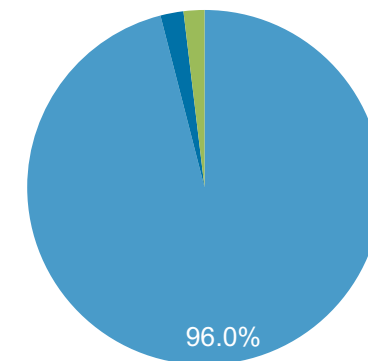
### Respondent's Gender



■ Male ■ Female

	Male	Female
2021	14.4%	85.6%
2020	12.7%	87.3%
2019	14.8%	85.2%
SPH	12.7%	87.3%
QC	NA	NA

### Respondent's Relation to Child



■ Parent ■ Grandparent ■ Other

	Parent	Grandparent	Other
2021	96.0%	2.1%	1.9%
2020	96.6%	2.0%	1.4%
2019	96.2%	2.1%	1.7%
SPH	89.9% ▲	6.6% ▼	3.4% ▼
QC	NA	NA	NA





# Demographic Segment Analyses

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## Subgroup Analysis

- Oklahoma Health Care Authority





# Demographic Analyses: Section Information

**Segmenting Responses** The CAHPS® 5.1 survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your plan’s members. Reviewing measures across different survey response categories may indicate a health plan’s overall ability to meet the needs of a varied population.

The percentages represent the Summary Rate for each segment. For example, in the table below, the Summary Rate for the *Rating of Health Plan* is the percentage of respondents who rated their health plan an 8, 9 or 10. The interpretation of this example would be, “Of the respondents with a high school education or less, 85% gave their health plan a rating of 8, 9 or 10. And, of the respondents with some college education or more, 80% gave their health plan a rating of 8, 9 or 10.”

	High School or Less (A)	Some College or More (B)
Rating of Health Plan	85% <sup>B</sup>	80%

A letter and **green** font indicates that result is significantly higher than the corresponding column.

## Segment Groups

- Rating of Health Plan (Q31)
- Rating of Health Care (Q8)
- Child’s Health Status (Q32)
- Child’s Mental/Emotional Health Status (Q33)
- Survey Type
- Child’s Age (Q34)
- Child’s Gender (Q35)
- Child’s Race (Q36)
- Child’s Ethnicity (Q37)
- Respondent’s Age (Q38)
- Respondent’s Gender (Q39)
- Respondent’s Education (Q40)





# Demographic Segments

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	366	49	225	23	321	86	18^	289	92	45	223	139	69	34	65	99	221
Rating Questions (% 9 or 10)																	
Q31. Rating of Health Plan	82.8% H	0.0%	80.0% J	21.7%	76.8% L	61.9%	61.1%	77.0% P	67.8%	59.1%	74.1% S	78.5% S	57.8%	69.7%	81.0%	75.8%	70.1%
Q8. Rating of Health Care	79.9% H	34.5%	82.2% J	0.0%	79.3% M	65.3%	41.7%	79.2% P	71.2%	60.0%	74.0%	81.7%	65.2%	69.6%	80.4%	86.0% W	70.7%
Q21. Rating of Personal Doctor	82.2% H	38.2%	87.1% J	31.6%	81.5% L	67.6%	54.5%	82.0% O	65.8%	73.5%	77.5%	80.7%	73.7%	83.9%	80.0%	86.7% W	72.0%
Q25. Rating of Specialist	72.5%	53.8%	79.7% J	40.0%	77.4%	59.1%	42.9%	78.4% O	42.9%	81.8% O	72.3% S	85.7% S	40.0%	83.3%	75.0%	72.7%	64.7%
Rating Questions (% 8, 9 or 10)																	
Q31. Rating of Health Plan	100% H	0.0%	92.3% J	47.8%	92.9% LM	75.0%	66.7%	92.8% OP	80.0%	75.0%	86.6%	93.3% QS	82.8%	84.8%	96.8% VW	88.4%	86.4%
Q8. Rating of Health Care	94.9% H	58.6%	100% J	0.0%	94.0% M	85.7%	66.7%	93.1%	90.4%	80.0%	91.6%	94.4%	82.6%	87.0%	93.5%	98.0% W	88.6%
Q21. Rating of Personal Doctor	95.2% H	64.7%	97.0% J	57.9%	94.2%	86.8%	81.8%	94.3% O	85.5%	91.2%	91.2%	96.6% QS	86.0%	87.1%	95.0%	92.8%	92.6%
Q25. Rating of Specialist	84.1%	76.9%	86.4%	70.0%	86.8%	77.3%	71.4%	88.2%	66.7%	90.9%	83.0%	90.5%	73.3%	100% W	83.3%	81.8%	80.4%
Getting Needed Care (% A or U)	93.1% H	71.8%	93.0% J	73.5%	92.5%	87.9%	70.2%	91.7%	88.7%	86.0%	89.4%	94.5%	86.4%	87.3%	88.5%	88.7%	90.6%
Q9. Getting care, tests, or treatment	96.7% H	79.3%	95.5%	87.0%	97.3% L	87.8%	83.3%	96.9%	92.3%	88.6%	94.7%	93.0%	97.8%	91.3%	100% W	94.0%	93.5%
Q23. Getting specialist appointment	89.5%	64.3%	90.5%	60.0%	87.7%	88.0%	57.1%	86.5%	85.2%	83.3%	84.0%	96.0%	75.0%	83.3%	76.9%	83.3%	87.7%
Getting Care Quickly (% A or U)	91.4%	89.3%	91.4%	91.7%	91.9%	88.0%	87.5%	91.8%	88.9%	90.9%	92.8%	91.1%	85.2%	89.7%	89.5%	95.9%	89.1%
Q4. Getting urgent care	95.2%	100% G	94.5%	100% I	97.0%	90.0%	100%	94.8%	94.7%	100%	98.0%	93.3%	92.9%	90.0%	92.3%	100%	95.8%
Q6. Getting routine care	87.6%	78.6%	88.4%	83.3%	86.9%	86.0%	75.0%	88.7%	83.0%	81.8%	87.7%	88.9%	77.5%	89.5%	86.7%	91.8%	82.3%
Coordination of Care (Q20) (% A or U)	81.7%	83.3%	85.3%	75.0%	90.9% LM	70.8%	40.0%	88.5%	73.1%	76.5%	84.6%	79.2%	80.0%	90.0%	72.7%	86.7%	84.2%





# Demographic Segments

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	366	49	225	23	321	86	18 <sup>^</sup>	289	92	45	223	139	69	34	65	99	221
Customer Service (% A or U)	94.1%	75.0%	93.0%	100%	90.0%	92.1%	100% <sup>K</sup>	91.1%	87.5%	100% <sup>N</sup>	96.0%	84.8%	100% <sup>R</sup>	83.3%	100% <sup>W</sup>	97.2%	86.8%
Q27. Provided information or help	89.8%	66.7%	88.4%	100% <sup>I</sup>	84.4%	89.5%	100% <sup>K</sup>	86.7%	81.3%	100% <sup>N</sup>	92.0%	78.8%	100% <sup>R</sup>	66.7%	100% <sup>W</sup>	94.4%	82.4%
Q28. Treated with courtesy and respect	98.3%	83.3%	97.7%	100%	95.6%	94.7%	100%	95.6%	93.8%	100%	100%	90.9%	100%	100%	100%	100%	91.2%
How Well Doctors Communicate (% A or U)	96.4%	88.0%	98.3%	83.9%	96.6%	92.3%	90.6%	96.4%	92.8%	93.7%	96.0%	94.6%	94.4%	93.7%	93.6%	99.5% <sup>W</sup>	94.9%
Q12. Personal doctor explained things	95.1%	92.0%	97.7%	85.7%	95.6%	90.5%	87.5%	94.8%	92.3%	96.3%	96.8%	91.4%	92.5%	91.7%	95.3%	98.0%	92.9%
Q13. Personal doctor listened carefully	97.5%	84.0%	98.3%	85.7%	97.3%	92.9%	87.5%	97.4%	92.3%	92.9%	96.0%	95.7%	95.0%	91.3%	95.3%	100% <sup>W</sup>	95.6%
Q14. Personal doctor showed respect	98.0%	92.0%	99.4%	92.9%	98.4%	95.2%	100%	98.0%	96.2%	96.4%	97.6%	97.1%	97.5%	100%	93.0%	100%	98.2%
Q17. Personal doctor spent enough time	95.0%	84.0%	97.7% <sup>J</sup>	71.4%	95.0%	90.5%	87.5%	95.4%	90.4%	89.3%	93.5%	94.2%	92.5%	91.7%	90.7%	100% <sup>UW</sup>	92.8%
Other Measures																	
Q30. Ease of filling out forms (% A or U)	98.0%	97.8%	98.2%	94.4%	98.0%	96.4%	100% <sup>K</sup>	97.8%	97.8%	97.4%	97.2%	97.7%	100% <sup>Q</sup>	100% <sup>W</sup>	98.4%	97.9%	97.1%
Q7. Average number of visits to doctor's office or clinic	1.5	1.9	2.5	3.7	1.4	2.0	1.9	1.3	1.6	3.4 <sup>NO</sup>	1.4	1.4	2.2 <sup>Q</sup>	1.4	1.9	1.3	1.6
Q11. Average number of visits to personal doctor	1.3	1.3	1.7	2.1	1.2	1.3	1.5	1.1	1.4	2.2 <sup>N</sup>	1.2	1.2	1.6	1.7	1.3	1.1	1.2
Q24. Average number of specialists seen	1.3	1.1	1.3	1.2	1.1	1.4	1.7 <sup>K</sup>	1.1	1.3	1.5	1.2	1.3	1.2	1.0	1.2	1.4	1.2





# Demographic Segments

	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Total respondents	219	204	276	35	21	7^	104	54	132	289	43	89	180	112	61	362	217	199
Rating Questions (% 9 or 10)																		
Q31. Rating of Health Plan	74.4%	72.2%	74.6% b	60.6%	47.6%	83.3%	68.0%	77.8% b	84.0% g	68.6%	61.0%	78.7% h	75.1%	68.2%	70.7%	72.9%	73.5%	71.4%
Q8. Rating of Health Care	77.0%	72.9%	80.2% be	82.4% be	37.5%	83.3%	75.8% be	48.1%	75.0%	75.3%	65.5%	78.9%	81.0% k	63.0%	71.0%	75.1%	71.8%	77.9%
Q21. Rating of Personal Doctor	78.9%	76.3%	82.0% e	83.3% e	66.7%	100% Za bd e	75.6%	60.0%	78.8%	77.7%	70.6%	79.5%	79.2%	76.2%	78.3%	77.5%	77.5%	77.8%
Q25. Rating of Specialist	78.4%	62.2%	75.4% be	33.3%	0.0%	NA	66.7% b	36.4% b	63.2%	70.5%	75.0%	69.2%	73.7%	53.3%	55.6%	71.6%	65.1%	74.4%
Rating Questions (% 8, 9 or 10)																		
Q31. Rating of Health Plan	90.5%	86.4%	91.7% b	78.8%	71.4%	83.3%	85.4%	88.9%	94.7% g	85.9%	75.6%	91.0% h	91.3% h	85.0%	81.0%	89.2%	87.7%	88.5%
Q8. Rating of Health Care	95.2% y	86.4%	92.4%	94.1%	62.5%	83.3%	91.9%	85.2%	93.1%	90.6%	79.3%	91.2%	95.2% h	88.9%	96.8%	90.1%	90.6%	91.8%
Q21. Rating of Personal Doctor	93.9%	90.2%	93.4%	93.3%	86.7%	100% Zd e	88.4%	88.6%	96.0%	90.8%	85.3%	89.7%	94.3%	92.9%	91.3%	92.2%	91.6%	93.0%
Q25. Rating of Specialist	86.5%	80.0%	84.2%	100% Ze	100% Ze	NA	88.9%	54.5%	78.9%	83.6%	87.5%	76.9%	89.5%	66.7%	88.9%	82.4%	79.1%	87.2%
Getting Needed Care (% A or U)	91.3%	89.5%	92.3% e	81.6%	68.8%	NA	94.2% e	73.4%	88.3%	90.7%	90.7%	80.4%	92.5% i	91.9%	80.2%	91.4%	88.5%	93.2%
Q9. Getting care, tests, or treatment	92.9%	96.6%	96.5% e	88.2%	87.5%	100% Ze	98.4% e	74.1%	90.1%	96.5%	93.1%	96.6%	94.3%	96.3%	90.3%	95.3%	92.2%	98.4% n
Q23. Getting specialist appointment	89.7%	82.4%	88.1%	75.0%	50.0%	NA	90.0%	72.7%	86.4%	84.8%	88.2%	64.3%	90.7%	87.5%	70.0%	87.5%	84.8%	88.1%
Getting Care Quickly (% A or U)	91.0%	90.8%	93.3% e	78.5%	81.3%	91.7%	91.5% e	70.8%	83.2%	93.3% f	89.3%	89.1%	93.3%	91.4%	83.9%	91.7%	88.7%	95.3%
Q4. Getting urgent care	94.0%	97.6%	95.5%	83.3%	100%	100%	90.6%	80.0%	88.2%	97.2%	100%	90.5%	100%	95.0%	90.9%	96.3%	95.3%	97.9%
Q6. Getting routine care	87.9%	84.1%	91.1% e	73.7%	62.5%	83.3%	92.3% e	61.5%	78.3%	89.4% f	78.6%	87.7%	86.6%	87.8%	76.9%	87.2%	82.1%	92.7% n
Coordination of Care (Q20) (% A or U)	87.2%	77.1%	87.3% be	90.9% be	0.0%	NA	83.3% be	45.5% b	71.4%	84.7%	94.4%	72.7%	79.5%	82.6%	78.6%	82.9%	71.4%	93.5% n





# Demographic Segments

	Child's Gender		Child's Race							Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More	
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	
Total respondents	219	204	276	35	21	7^	104	54	132	289	43	89	180	112	61	362	217	199	
Customer Service (% A or U)	92.6%	89.1%	87.2%	93.8%	100% z	100% z	97.5%	80.0%	87.5%	92.4%	100%	85.0%	89.3%	91.7%	88.2%	92.0%	87.5%	94.6%	
Q27. Provided information or help	88.2%	84.4%	82.1%	87.5%	100% z	100% z	95.0%	70.0%	80.0%	89.1%	100% j	80.0%	82.1%	88.9%	82.4%	88.0%	83.3%	89.3%	
Q28. Treated with courtesy and respect	97.1%	93.8%	92.3%	100%	100%	100%	100%	90.0%	95.0%	95.7%	100%	90.0%	96.4%	94.4%	94.1%	96.0%	91.7%	100%	
How Well Doctors Communicate (% A or U)	96.9%	93.6%	96.9%	95.0%	66.7%	100% ze	98.1% e	82.7%	93.9%	95.7%	93.5%	94.8%	94.5%	98.5%	93.1%	95.6%	93.5%	97.0%	
Q12. Personal doctor explained things	95.6%	93.2%	97.4% e	95.0% e	66.7%	100% ze	98.1% e	73.1%	86.4%	97.5% f	96.3%	96.2%	91.4%	97.9%	93.1%	94.6%	90.8%	98.2% n	
Q13. Personal doctor listened carefully	98.2%	93.2%	96.8%	95.0%	66.7%	100% z	96.2%	88.5%	97.0%	95.1%	92.6%	96.2%	95.2%	98.0%	89.7%	96.6%	95.0%	96.4%	
Q14. Personal doctor showed respect	99.1%	95.8%	98.1% b	100% b	66.7%	100%	100% b	92.3%	98.5%	97.0%	92.6%	96.2%	98.1%	100%	96.6%	97.5%	96.6%	98.2%	
Q17. Personal doctor spent enough time	94.7%	92.3%	95.5% e	90.0%	66.7%	100% ze	98.1% e	76.9%	93.9%	93.2%	92.6%	90.6%	93.2%	98.0%	93.1%	93.6%	91.6%	95.4%	
Other Measures																			
Q30. Ease of filling out forms (% A or U)	97.6%	97.9%	97.0%	100% z	90.0%	100% z	99.0%	100% z	96.8%	98.2%	97.6%	98.8%	98.2%	97.2%	96.7%	98.0%	97.6%	97.9%	
Q7. Average number of visits to doctor's office or clinic	1.4	1.7	1.7 ab e	1.0	0.7	1.9 b	1.6 b	1.1	1.3	1.7	2.2	1.6	1.4	1.4	1.3	1.6	1.4	1.7	
Q11. Average number of visits to personal doctor	1.2	1.3	1.2	1.1	0.9	1.8	1.3	1.5	1.2	1.3	1.6	1.4	1.3	1.0	1.2	1.3	1.3	1.2	
Q24. Average number of specialists seen	1.4	1.1	1.3	1.3	1.0	NA	1.0	1.4	1.3	1.2	1.5	1.0	1.3	1.1	1.4	1.2	1.3	1.2	





# Appendix: Correlation Analyses

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## Plan Specific Correlations

- Oklahoma Health Care Authority



## Highest Correlations

Below are the 10 key measures with the highest correlations to the Rating measures.

### With Health Care Rating

<b>Q21</b>	Personal doctor overall	0.5308
<b>Q31</b>	Health plan overall	0.4434
<b>Q25</b>	Specialist overall	0.4227
<b>Q23</b>	Got specialist appt.	0.4008
<b>Q17</b>	Dr. spent enough time	0.3798
<b>Q9</b>	Got care/tests/treatment	0.3587
<b>Q12</b>	Dr. explained things	0.3383
<b>Q20</b>	Dr. informed about care	0.2632
<b>Q13</b>	Dr. listened carefully	0.2523
<b>Q16</b>	Dr. explained things for child	0.2317

### With Personal Doctor Rating

<b>Q8</b>	Health care overall	0.5308
<b>Q17</b>	Dr. spent enough time	0.5139
<b>Q20</b>	Dr. informed about care	0.4489
<b>Q13</b>	Dr. listened carefully	0.4063
<b>Q31</b>	Health plan overall	0.3740
<b>Q16</b>	Dr. explained things for child	0.3316
<b>Q14</b>	Dr. showed respect	0.3171
<b>Q9</b>	Got care/tests/treatment	0.3101
<b>Q23</b>	Got specialist appt.	0.2750
<b>Q28</b>	CS courtesy/respect	0.1975

### With Specialist Rating

<b>Q23</b>	Got specialist appt.	0.4631
<b>Q9</b>	Got care/tests/treatment	0.4396
<b>Q8</b>	Health care overall	0.4227
<b>Q20</b>	Dr. informed about care	0.3923
<b>Q17</b>	Dr. spent enough time	0.2347
<b>Q21</b>	Personal doctor overall	0.1734
<b>Q4</b>	Got urgent care	0.1560
<b>Q31</b>	Health plan overall	0.1435
<b>Q6</b>	Got routine care	0.1252
<b>Q13</b>	Dr. listened carefully	0.0901





# Appendix: Flowchart

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Understanding Relative Performance of Composite Measures

- Oklahoma Health Care Authority





# Flowchart – Understanding Relative Performance

## How composite questions perform relative to each other

- 1 Composite summary rate scores are displayed in the orange box.
- 2 Next to the composite score are the questions included in the composite.
- 3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

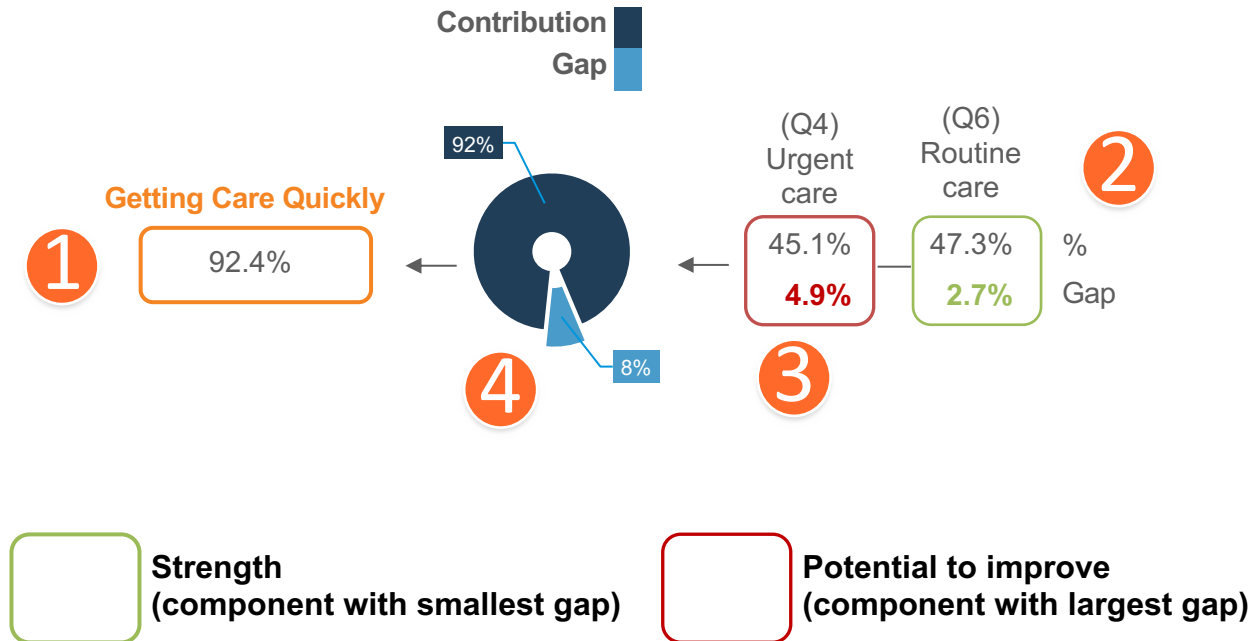
$$\frac{\text{Plan Score}}{\text{Max Score}} \times \frac{\text{Maximum Contribution}}{\text{Actual Contribution}} = \frac{\text{Maximum Contribution} - \text{Actual Contribution}}{\text{Actual Contribution}} = \text{Gap}$$

### Q6 Example:

$$\frac{94.6\%}{100\%} \times 50.0\% = 47.3\%$$

$$50.0\% - 47.3\% = 2.7\%$$

- 4 For the pie chart, the dark blue is the sum of the Actual Contributions and the light blue slice is the sum of the Gaps.







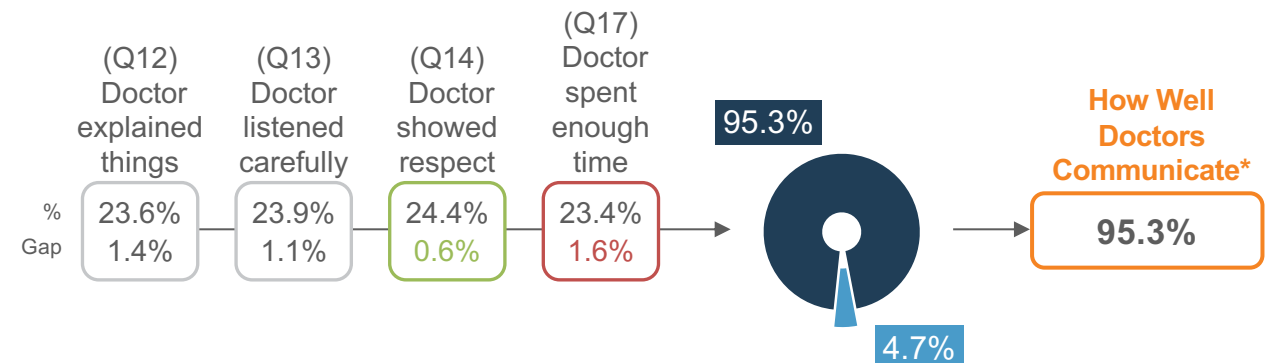
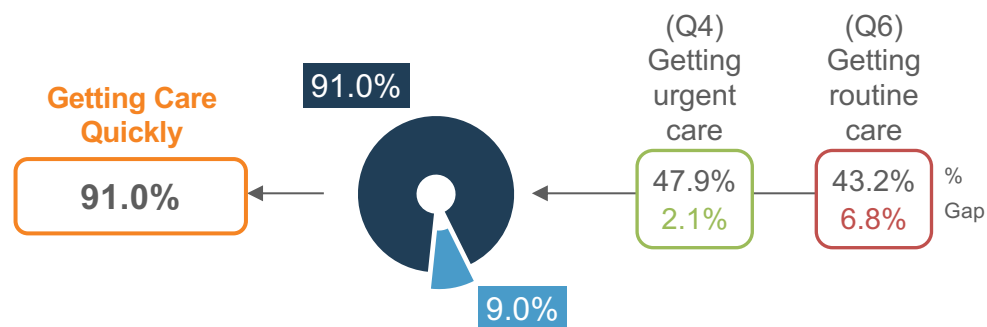
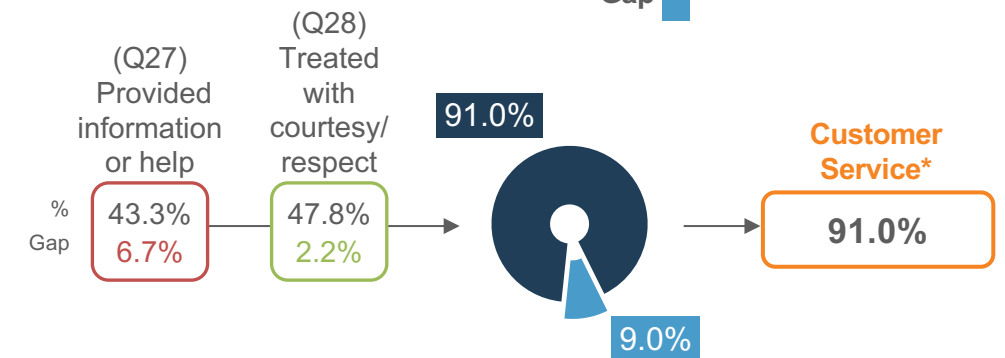
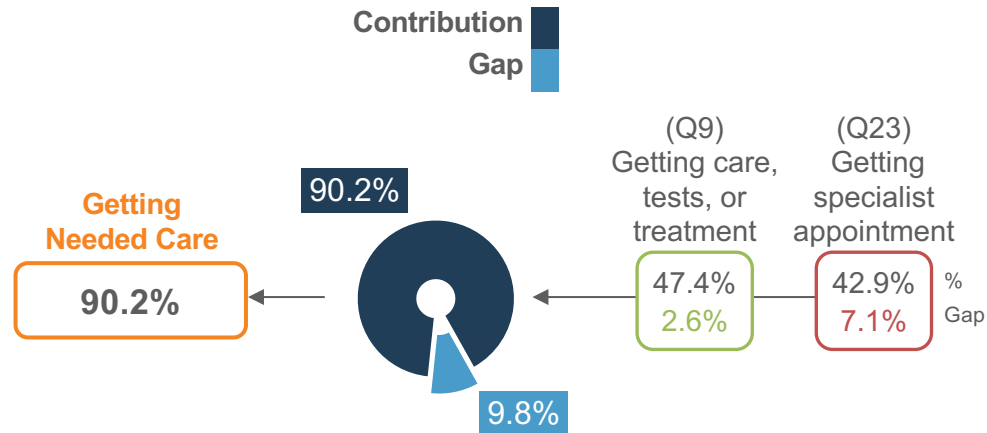
# Flowchart – Understanding Relative Performance



**Strength**  
(component with smallest gap)



**Potential to improve**  
(component with largest gap)



\* The How Well Doctors Communicate and Customer Service composites are not used in NCQA ratings.





# Appendix: Accreditation

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Estimated NCQA Plan Ratings and Frequency Distributions

- Oklahoma Health Care Authority





# Estimated NCQA Health Insurance Plan Ratings

**EXPLANATION** Beginning in 2020, NCQA made significant changes to Health Plan Accreditation. CAHPS® is no longer scored using 3-point scores for purposes of health plan accreditation. Instead, health plans are scored on a 1-5 star rating system based on HEDIS and CAHPS measures, with a bonus available for plans successfully completing the review of standards and guidelines.

The information contained in this report uses the methodology described by NCQA, but **only the NCQA results are official**. Results in this report should be used for quality improvement purposes only. The image to the right lists the measures from CAHPS required for Health Plan Accreditation as published by NCQA. Additional pages of required measures are available via the link provided.

- NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment), and NCQA Accreditation Standards score.
- The overall NCQA star rating is the **weighted average** of an organization's HEDIS and CAHPS measure ratings, **plus Accreditation bonus points** (if the organization has NCQA Accreditation), rounded to the nearest half point.
- The CAHPS measures are classified based on their national percentile (10<sup>th</sup>, 33<sup>rd</sup>, 67<sup>th</sup> and 90<sup>th</sup>) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest. Percentiles and ratings are estimated based on the 2020 NCQA Quality Compass data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 <sup>th</sup> Percentile	10 <sup>th</sup> – 32 <sup>rd</sup> Percentile	33 <sup>rd</sup> – 66 <sup>th</sup> Percentile	67 <sup>th</sup> – 90 <sup>th</sup> Percentile	>90 <sup>th</sup> Percentile

Note: The **COVID-19** pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020.

Note: Because 3-point scores are no longer used by NCQA, SPH does not calculate 3-point scores and accreditation thresholds within this report.

## 9 Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021

### HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

Measure Name		Web Display Name	Weight*
<b>PATIENT EXPERIENCE</b>			
<b>Getting Care</b>			
Getting Needed Care (Usually + Always)		Getting care easily	1.5
Getting Care Quickly (Usually + Always)		Getting care quickly	1.5
<b>Satisfaction With Plan Physicians</b>			
Rating of Personal Doctor (9 + 10)		Rating of primary care doctor	1.5
Rating of Specialist Seen Most Often (9 + 10)		Rating of specialists	1.5
Rating of All Health Care (9 + 10)		Rating of care	1.5
Coordination of Care (Usually + Always)		Coordination of care	1.5
<b>Satisfaction With Plan Services</b>			
Rating of Health Plan (9 + 10)		Rating of health plan	1.5
<b>PREVENTION</b>			
<b>Children and Adolescent Well-Care</b>			
ADV	Annual Dental Visits—Total	Dental visits	1
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	BMI percentile assessment	1
<b>Women's Reproductive Health</b>			
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
<b>Cancer Screening</b>			
BCS	Breast Cancer Screening	Breast cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
<b>Other Preventive Services</b>			
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
FVA	Flu Vaccinations for Adults Ages 18-64	Flu shots	1

\*The **weight** column indicates the weight of the item (maximum value = 3) in the overall score calculation.

[https://www.ncqa.org/wp-content/uploads/2020/12/20201218\\_2021\\_List\\_of\\_Required\\_Performance\\_Measures.pdf](https://www.ncqa.org/wp-content/uploads/2020/12/20201218_2021_List_of_Required_Performance_Measures.pdf)





# Estimated NCQA Plan Ratings

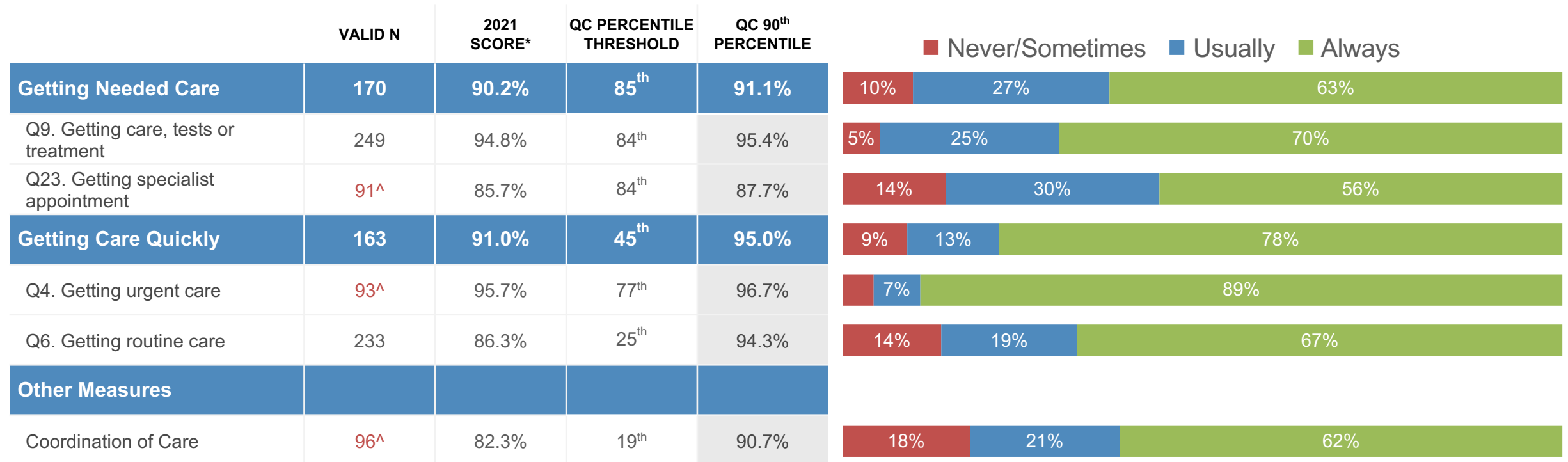
	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
<b>CONSUMER SATISFACTION</b>					<b>3.5</b>	
GETTING CARE					<b>3.5</b>	
Getting Needed Care	170	90.2%	Usually or Always	85 <sup>th</sup>	4.0	1.5
Getting Care Quickly	163	91.0%	Usually or Always	45 <sup>th</sup>	3.0	1.5
<b>SATISFACTION WITH PLAN PHYSICIANS</b>					<b>3.5</b>	
Rating of Personal Doctor	358	77.9%	9 or 10	40 <sup>th</sup>	3.0	1.5
Rating of Specialist	83 <sup>^</sup>	69.9%	9 or 10	14 <sup>th</sup>	NA	1.5
Rating of Health Care	248	74.6%	9 or 10	71 <sup>st</sup>	4.0	1.5
Coordination of Care	96 <sup>^</sup>	82.3%	Usually or Always	19 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN SERVICES</b>					<b>3.0</b>	
Rating of Health Plan	415	73.0%	9 or 10	49 <sup>th</sup>	3.0	1.5

**NOTE** NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.



## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

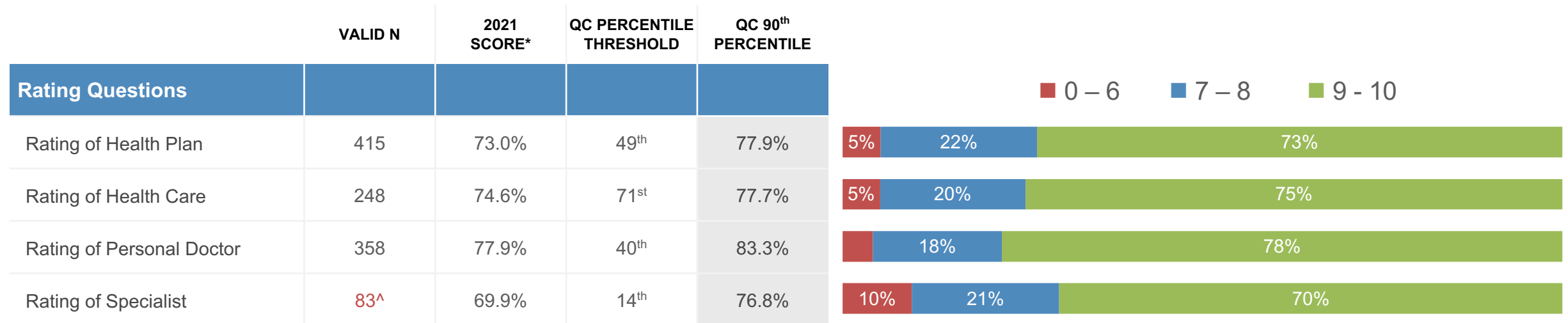
The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.





## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.







# Appendix: Improvement Strategies and Voice of the Member

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- Oklahoma Health Care Authority





# Improvement Strategies and VoM: Section Information

**Improvement Strategies** The left-side grey boxes contain improvement strategies compiled from SPH's years of experience working with hundreds of health plans to improve their scores. These are organized by key measures on the CAHPS survey. SPH encourages plans to review these strategies to help inform quality improvement plans.

**Voice of the Member** SPH periodically conducts qualitative research to help health plans better understand what members are thinking about when they answer questions on the CAHPS survey. We recruit members of different types of health plans and lead a moderated bulletin board discussion, probing for insights about their experience with aspects of care asked about on CAHPS. The quotes provided on the right-side of the following slides are pulled from conversations we have with members as part of this research.

SPH conducts this research to provide our clients additional insights into recommended improvements.





# Rating of Health Plan

## Rating of Health Plan Improvement Strategies

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

## Voice of the Member

- “Specifically, I would **improve communications**. My insurance doesn't send any **information about check-ups, vaccine reminders, dental check-ups, etc.**”
- “Make the **website more user friendly**, make it **easier to find the information** we need.”
- “An app would be a good idea, because sometimes **getting online to recertify can be difficult.**”
- “**More available and detailed information about counseling**. My daughter could benefit from some counseling to deal with living with her daily ADHD struggles. She has meltdowns and problems at school socially. It affects her in a number of ways and I am sure she is not the only child that feels this way that has Medicaid.”
- “It is the **issues with name brand medications and not covering all areas of health**, such as chiropractic care, **that are very important to my family.**”

Additional resource for improvement:

AHRQ best practices: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Rating of Health Care Improvement Strategies

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.
- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.
- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Confirm adequacy of contracted providers and walk-in centers with extended hours.
- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.
- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.
- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.
- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).

## Voice of the Member

- “Had **nothing but the best care for all my children**. The doctors **care and are straightforward** with everything.”
- “We have **finally found doctors that make sure my children have the best care possible**. All of the **doctors coordinate with each other** and always **update one another on his medications** to keep from unwanted side effects!”
- “His therapist is great. **She involves us in his treatment.**”
- “She **always spent a lot of time listening to me and taking great care of my daughter.**”
- “I have **never had issues with my daughter's care**. The doctors **always answer me fully** and often **provide additional resources** to help me learn more.”



## Rating of Personal Doctor Improvement Strategies

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Work collaboratively with pediatric providers, encourage and support a family friendly approach that helps parents/families navigate the health care system and overcome obstacles.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Foster relationships with patients. Partner with them. Listen to their concerns. Treat them with compassion. Spend adequate time with them and ensure questions and concerns are answered.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits. Minimize wait times.

## Voice of the Member

- “My son's doctor is great. He **always answers all our questions** and **makes our son's health and well-being a priority**. He **proactively suggests treatments** and courses of action that we had not necessarily considered.”
- “**Very friendly and kind, and willing to answer most questions**. He doesn't always have all the information I need but **gets it for me when needed**.”
- “Our **doctor's bedside manner makes him stand out!** You can tell **how much he truly cares!**”
- “They have **worked hard to get the medication** we needed and **have gone out of their way** when there have been issues at the pharmacy.”
- “**Takes his time** and has those **one-on-one sessions with the child**.”
- “Our doctor **stays on top of things** and is **easy to get a hold of**.”

Additional resource for improvement:

AHRQ best practices: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Rating of Specialist Improvement Strategies

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of specialist or doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Listen to patients' concerns, Follow-up with the patient. Provide thorough explanations. Ensure that all questions and concerns are answered. All staff focus on being helpful and courteous to patients.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.)
- Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.

## Voice of the Member

- “The doctor who performed my son's follow-up circumcision was **very down to earth and did an excellent job.**”
- “They're **great with my children and answer everything in timely manner.**”
- “It's hard for someone that **sees a patient for 45 minutes a month to necessarily decide what is best**, or at least they should **let the parents have some input.**”
- “She always **spent a lot of time listening to me and taking great care of my daughter.**”
- “My daughter hasn't seen a specialist in a long time now, but whenever she has had to see one, they have **always been very professional.**”

Additional resource for improvement:

AHRQ best practices: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)  
Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Getting Needed Care Improvement Strategies

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Encourage and guide parents/families when and how to use/access alternative care settings, e.g., web-based, tele-health, urgent care, and emergency care.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

## Voice of the Member

“I have **never had any difficulties getting any treatment or tests** done for my child. The **doctors are always right on top of things**. They get **everything done really quickly.**”

“**Getting tests and services done has been a big issue.** They were supposed to observe her for two nights, but the next day they tried kicking her out. Within a day, she exhibited respiratory issues and was transferred to another department. I argued for them to do a blood gas test. It was brushed off, and within a day she was in the ICU. I then cornered the doctor and demanded the blood gas test. As I suspected, she was retaining CO<sub>2</sub>.”

“It may help that **their doctor is the guy that runs the place**, and he knows **if I ask for something fast, it needs to be fast.**”

“I used to go to a **standalone emergency clinic, and they were always able to treat my daughter for everything.** I took her there once when she broke her arm and they **treated her great, from x-rays to splinting her arm.**”

Additional resource for improvement:

AHRQ best practices: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

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(SPH National Sample)  
Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Getting Care Quickly Improvement Strategies

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.
- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow-up care.
- Contract with additional providers for urgent and after-hour appointments/availability.
- Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.) . Identify opportunities for improvement.
- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.
- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.
- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

## Voice of the Member

“She has been **always** seen in a **timely** manner and was treated well.”

“**We were in and out in about 15 minutes**, and I had the **lab results within a few days** saying my kid was healthy.”

“The **care was quick and friendly**, and I got her into both **appointments easily**.”

“We have an **urgent care facility** that I can go to when **I don't want to wait for an appointment**. We mostly use it for sickness visits, so I don't have to wait in the waiting room.”

“It's **usually easy for us to get into an urgent care**. It's normally a 30-minute-per-person wait time. So if there are two people ahead of us, it's an hour wait time.”

Additional resource for improvement:

AHRQ best practices: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

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## How Well Doctors Communicate Improvement Strategies

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits , improved adherence).
- Explain health care concepts clearly and simply to parents and children. Use simple terms for children. Be prepared to accommodate and overcome language /literacy limitations.
- Address all of the parents' and the child's concerns. When appropriate, involve the child. Maintain eye contact with both the parent and the child. Be kind, thoughtful and thorough.
- Speak directly to older children when discussing matters related to their health.
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).

## Voice of the Member

- “They are **thorough every time** I take them to the doctor. They **explained everything** as to what was or wasn't wrong with my children, how to resolve it and **proper education** about the reasons.”
- “We **typically go to nurse practitioners**, which I prefer. They seem **more willing to listen and take their time.**”
- “**Direct eye contact** and the **doctor restating what I had just said** goes a long way to **reassuring me that I'm being listened to** and paid attention to.”
- “They should **take their time**. When a **doctor seems rushed, it feels like you are unimportant** and a bother. When they take their time, then it feels like **you are important and that your issues matter.**”
- “**Don't act like things that you say are stupid**. When they act like **what you say is important** and valid, it **makes you feel respected.**”
- “**Look at you when you're talking to them**. He is always good about **facing us when we are talking** to him.”

Additional resource for improvement:

AHRQ best practices: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

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(SPH National Sample)

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## Customer Service Improvement Strategies

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.
- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.
- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.
- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).
- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.
- Develop, implement and review protocols and scripts ("Talking Points") to ensure up-to-date, accurate and consist information provided to your members and patients and providers.
- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.). Operationally define service behaviors.
- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.
- Acknowledge and reward service performance/behaviors reflective of service excellence.

## Voice of the Member

“Every time I did indeed call, the **staff was very respectful** and that **made me feel heard and valuable**. Even though, essentially, I was, and still am, getting almost free healthcare, I felt like I was indeed **paying a premium by how well I was treated**.”

“I had to call in to **recertify my daughter** because I was late recertifying, due to the fact that I received the paperwork later than I should have. **I was able to easily call** the number, get someone on the phone and **complete the process of recertifying very easily**.”

“**The forms can be ridiculous**. I just don't see why there should be four, five or six pages of information for me to fill out. And oftentimes, I am **repeating information** on the forms over and over again.”

“I have found that in the majority of interactions, with any **customer service representative that is associated with Medicaid**, they **tend to look down on you**. There have been numerous occasions where we would have to call and change doctors, and **we were treated like dirt**. It's as if a child is on Medicaid because the parents don't work or whatever.”

(SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

Additional resource for improvement:

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## Coordination of Care Improvement Strategies

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.
- Carefully assess any parent or patient concerns associated with any health care received out-of-office, addressing and clarifying as appropriate. Seek and obtain all associated records.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

## Voice of the Member

- “He has seen three different doctors at that office. I don't know **how they transfer information** to each other, since I have **had to repeat things** to one that I had already told another. **I would think that would be in his files.**”
- “When we switched her primary doctor, **the new doctor knew my child's medical history.** She was **right on top of it.** I was **surprised and impressed.**”
- “The doctor **knew our son's medical history, asked him about how school was going** at every visit, and **engaged with him about his interests and hobbies.** It almost felt like he was a **part of the family.**”
- “When our **son's doctor retired,** it was a bit of an **abrupt shock** to go from someone whom we had worked with for eleven years to a doctor who had never met us or our son before. However, he **took the time to talk to us and review our son's medical history,** and it **wasn't long before we were comfortable with each other** and confident that he would meet our son's medical needs.”





# Appendix: Questionnaire

- Oklahoma Health Care Authority









## LISTEN to voice of healthcare consumers

## ANALYZE healthcare consumer experience

## MOTIVATE members to improve health

Voice of Member		Voice of Patient		Strategy Research	Data Analysis Solutions	Predictive Analytics + Targeted Outreach
HEDIS CAHPS	Health Risk Assessments	HCAHPS	OAS CAHPS	Brand / Brand Positioning	Nexus Portal	Smart Member Engagement
Medicare CAHPS	Performance Guarantees	CG CAHPS	ASC Patient Satisfaction	Market Share	Experience Explorer	Care Gap Closure
Medicare HOS	Net Promoter Score™ Surveys	ACO CAHPS	Pain Management	Market Segmentation	Nationwide Benchmarks	Diabetes
QHP Enrollee	Ongoing Tracker Surveys	CAHPS for MIPS	Endoscopy	Price Positioning	Predictive Analytics with SPH Forensics™	Cancer Screening
Behavioral Health (ECHO)	CAHPS Drill Down/Simulations	ICH CAHPS	Diagnostic Imaging	Product Design	trACTION™ Impact Analysis & Modeler	Vaccinations
Call Center Satisfaction	New Member	Home Health CAHPS	Therapy & Rehab	Advertising / Communications	Dynamic Data Analysis (DDA)	Omnichannel Outreach
Case Management	Disenrolled Members	Hospice CAHPS	Surgical Express	Qualitative Research	Conjoint Analysis	SDoH Assessment
Disease Management	LTC/LTSS	PCMH	ED Express	Focus Groups	Voice of the Member / Patient Priority Modeler	Access to Care Audits
Dental CAHPS	HCBS CAHPS	Outpatient Express	Inpatient Express	Online Communities	Condition Intelligence Analytics	Health Risk Assessments (HRAs)
Custom Voice of Member/Patient Market Research		Voice of Provider	Access to Care	In-depth Interviews	Health Care Engagement Index™ (HCEI™)	Rx Adherence and MTM
		Provider Satisfaction with Network	Provider Access	Voice of Other Stakeholders	Performance Improvement Solutions	New Member Welcome
		Provider Satisfaction with Health Plan	Provider Verification	AHRQ Patient Safety Survey (SOPS)	Scores / Ratings Improvement Consulting	Retention and Renewal
				Employee Satisfaction		Discharge Phone Calls
				Broker / Employer Experience		
LISTEN					ANALYZE	MOTIVATE